

Ontario Prenatal Screening Laboratory Nuchal Translucency (NT) Data Table Form

1. Program Authority

This form will be reviewed with an approval determination made by the Multiple Marker Screening (MMS) laboratories, the deciding authority on whether an individual sonographer should or should not provide NT measurements for the purpose of MMS.

2. Sonographer Information

First Name: _____

Last Name: _____ Personal

Email: _____ Phone #: _____

NT Number: _____

Practice Site(s): _____

Work Email: _____ Phone #: _____

Manager Name: _____

Manager Email: _____ Phone #: _____

3. Measurement Requirements

Applicants must submit 15 NT/CRL measurements that meet the following criteria:

- CRL range: 45–72 mm
- Minimum 2 cases with CRL < 51 mm
- CRL must be the best-imaged measurement
- NT measurement must be the largest of three technically acceptable images
- Optional (recommended): 3 additional cases with CRL 73–84 mm
- Each submission must include Date of Examination, Exam ID (accession # or patient #, no patient PHI), CRL (mm), and NT (mm)

Cases will be assessed for conformity to the expected NT–CRL distribution relative to the FMF median curve.

CRL 45 mm to <55 mm

#	Date of Examination	Exam ID	CRL (mm)	NT (mm)
1				
2				
3				
4				

CRL 55 mm to <62 mm

#	Date of Examination	Exam ID	CRL (mm)	NT (mm)
1				
2				
3				
4				
5				
6				

CRL 63 mm to 72 mm

#	Date of Examination	Exam ID	CRL (mm)	NT (mm)
1				
2				
3				
4				
5				

CRL 73 mm to 84 mm (Optional, Recommended)

#	Date of Examination	Exam ID	CRL (mm)	NT (mm)
1				
2				
3				

6. Declaration

I certify that I personally acquired the NT and CRL images submitted in this application and that these measurements reflect my usual practice.

Signature: _____

Print Name: _____

Date: _____