**MTN-042/DELIVER Ultrasound Request**

This ultrasound is being conducted as part of the eligibility assessment for participation in a study called MTN-042/DELIVER. To enable a thorough assessment, please complete all of the following information. For any questions, contact [insert site contact information].

Date of ultrasound: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ultrasound conducted by (name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of fetuses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If estimated gestational age is <14 0/7 weeks****:*

Crown-rump length (cm): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If estimated gestational age is 14 0/7 weeks or greater, all of the following:***

Biparietal diameter (cm): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Femur length (cm): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Abdominal circumference (cm): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Estimated gestational age or estimated date of delivery**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Placental Location:

Was an anatomic survey completed? \_\_\_YES \_\_\_NO

If yes, were any abnormalities observed?\_\_\_YES \_\_\_NO

If yes, describe: