TODAY'S DATE_____ /_____ /_____

Patient_____ **Maternal Height**_____ **Weight**_____

Referring Physician_____**Phone**_____

Address_____**Fax**_____

City_____ **State** _____ **Zip**_____

TTTS defined as a monochorionic twin pregnancy with a Maximum Vertical Pocket <2cm in the Donor and >5cm in the Recipient. The Donor may or may not have a visible bladder. Size discordance is no longer considered a criteria.

IUGR is defined as one fetus being less than the lath percentile while the other fetus is appropriately grown (AGA). Although amniotic fluids may be discordant, they do not meet the criteria for TITS. (<2cm and >5cm.). Our protocol for laser surgery for SIUGR requires absent or reverse flow in the umbilical artery.

Placenta Location _____ **Anterior** _____**Posterior**

Chorionicity _____**Mono/Di** _____**Mono/Mono** _____**Di/Di** _____**Unknown**

AMNIOTIC FLUID (maximum vertical pocket in each sac) **Recipient/AGA** _____**cm**
Donor/IUGR _____**cm**

WEIGHT DISCORDANCE: FETAL WEIGHT MEASUREMENTS **Recipient/AGA** _____**Grams**
Donor /IUGR _____**Grams**

FETAL BLADDER
The Urinary Bladder in the Donor/Iugr Fetus Appeared to be: **Filling**_____ **Not Filling**_____

FETAL ANOMOLIES _____**Yes** _____**No** **Comments**_____

ABNORMAL INTRACRANIAL U/S FINDINGS		**Recipient**	**Donor**
Does either fetus have evidence of:	**Intraventricular Hemorrhage**	_____**Yes** _____**No**	_____**Yes** _____**No**
	Porencephalic Cysts	_____**Yes** _____**No**	_____**Yes** _____**No**
	Ventriculomegaly	_____**Yes** _____**No**	_____**Yes** _____**No**
FETAL HYDROPS			
Does either fetus have evidence of:	**Abdominal Ascites**	_____**Yes** _____**No**	_____**Yes** _____**No**
	Scalp Edema	_____**Yes** _____**No**	_____**Yes** _____**No**
	Pleural E□usion	_____**Yes** _____**No**	_____**Yes** _____**No**
DOPPLER STUDIES			
Umbilical Artery	**AEDV**	_____**Yes** _____**No**	_____**Yes** _____**No**
	REDV	_____**Yes** _____**No**	_____**Yes** _____**No**
Ductus Venosus-Reverse Flow		_____**Yes** _____**No**	_____**Yes** _____**No**
Pulsatile Umbilical Vein		_____**Yes** _____**No**	_____**Yes** _____**No**

FETAL ECHO _____**Yes** _____**No** **Findings**_____
CERVICAL LENGTH (required)

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