附件3

产前筛查结果登记本

单位名称：

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 人口编号 | 日期 | 孕妇姓名 | 身份证号码 | 户籍地址 | 是否补助对象 | 筛查孕周 | 联系电话 | 筛查结果 | 检验技师签名 | 备注 |
|  |  |  |  |  |  |  |  |  |  |  |
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