FETAL MEDICINE FOUNDATION OF AMERICA

NUCHAL TRANSLUCENCY FILM SUBMISSION FORM

Theoretical Course Attended:_____

Date Course Attended:_____ City:_____

Are you a Obstetrician/Sonographer/Radiologist/Nurse/Genetic Counselor/Other?:_____

Practice/Affiliation:_____

Your name:_____

Address:_____

Telephone:_____ Fax:_____ E-mail:_____

Please include a copy of this Film Submission Form with each set of materials you send.

1. First, send prints of 10 nuchal translucency (NT) measurements to Naomi Greene (address below). Thermal or color print images are easiest to read. You may include 2-3 images per fetus. There is a one-time film review fee of $20, payable by check made out to Naomi Greene MPH RDMS RDCS with your images.

2. Your images will be reviewed and sent back to you with a letter summarizing her comments. The letter will also indicate how many subsequent images to send to her ONCE YOU HAVE INCORPORATED THE SUGGESTIONS MADE BASED ON YOUR FIRST 10 IMAGES.

3. Finally, you will be asked to FedEx a videotape of three NT exams, each containing three examples of NT measurements to Naomi Greene. You do NOT need to include the whole first trimester exam on your tape; the whole tape should be only about 5 minutes long. Standard VHS at normal speed, please. This videotape serves as the practical examination.

I am enclosing the following:

____ $20 one time film assessment fee
____ first 10 NTimages
____subsequent NT images
____videotape of 3 separate NT exams

Ms. Naomi Greene MPH RDMS RDCS
3940 Laurel Canyon Blvd. #838
Studio City, CA 91604
Fax: (310) 423-9949
email: ntcertification @cs.com

For further information regarding NT ultrasound workshops:

Katherine Thompson, MD
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Houston, TX 77054
713 790-1990
email:kthompson@geneticstesting.com