

**FETAL MEDICINE FOUNDATION USA**  
**NT/NASAL BONE/TRICUSPID FLOW/DUCTUS VENOSUS/FRONTOMAXILLARY**  
**FACIAL ANGLE/UTERINE ARTERY DOPPLER FILM SUBMISSION FORM**

**Fetal Medicine Foundation ID number\*:**

Your name: \_\_\_\_\_

E-mail: \_\_\_\_\_

You can submit films for NT and/or NB,TF, DV, FMFA, Uterine Artery Certificate(s) of Competence together or separately. Please note you must be FMF accredited in NT measurement before, or at the same time as, applying for further accreditations. Only NT is required for you to offer first trimester screening; NB, TF, DV, FMFA, and Uterine Artery are optional. Please include a copy of this Film Submission Form with each set of materials you send. E-mail questions to Naomi Greene (NaomiHG@fetalmedicine.com).

1. For NT credentialing: Send **ONLY 3 still images of NT measurements (see scanning protocol at [www.fetalmedicineusa.com](http://www.fetalmedicineusa.com)) to Naomi Greene** (address below). You may send NT images on the same fetus taken at different times during your exam of that fetus. Please cross out patient's name/ID completely using pen, or cut the names off, but **leave the date showing**).
2. Please send a check made out to the **Fetal Medicine Foundation USA** for the one-time only fee of \$100 (per person) due when beginning the NT film submission process with your first set of images. This fee may also be paid online with a credit card on our secure server at [www.fetalmedicineusa.com](http://www.fetalmedicineusa.com).

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3. OPTIONAL: If you wish to submit images for NB credentialing, send 3 still images. Show **absence** if the nasal bone in one image and **presence** of fetal nasal bone in two images – no measurements of the nasal bone please.
  4. OPTIONAL: If you wish to submit FMFA images, send 3 images each with the angle measurement.

**For tricuspid flow, ductus venosus flow, and uterine artery Doppler, make sure that the Doppler gate size, and the angle corrector tool, sweep speed, and wall filter settings are visible on your image**

5. OPTIONAL: If you wish to submit tricuspid flow images, send 3 images demonstrating tricuspid flow. The first image should show tricuspid regurgitation and the other 2 should show normal flow.
6. OPTIONAL: If you wish to submit ductus venosus flow images, send 3 images. The first one should demonstrate reversed a-wave flow and the other two should show normal flow.
7. OPTIONAL: If you wish to submit uterine artery Doppler images, send 3 images. The images should contain both the 2D and Doppler portions and the waveform should be measured so the peak systolic velocity is seen.

**Mail images and/or check to:**

**Naomi Greene, MPH, RDMS, RDCS**  
**Fetal Medicine Foundation USA**  
**12400 Ventura Blvd. #838**  
**Studio City, CA 91604**

\*Your FMF ID number will not be recognized by labs until the credentialing process has been completed.