

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) 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.

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3. **OPTIONAL:** If you wish to submit images for NB credentialing, you will now need to take a short image review test before proceeding first. Please log into the FMF site where you took the original online course and scroll down to Audit/Licensing then click on: "If you want to obtain a Certificate of competence in the 11-13 weeks scan, or to submit your audit please click here". Then choose nasal bone from the Audit list and follow the instructions for taking the short test. I will scan, and crop your nasal bone images and return them to you so that you can upload them at the time you take and pass the online image review.
 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, follow the instructions as for nasal bone (take the short image review test and then upload the images I will send you by e-mail).
6. **OPTIONAL:** If you wish to submit ductus venosus flow images, follow the instructions as for nasal bone (take the short image review test and then upload the images I will send you by e-mail).
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
City, CA 91604

Studio

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