

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 each time you send images.
E-mail questions to Naomi Greene (NaomiHG@fetalmedicine.com).

1. All images submitted for initial accreditation must: (1) be no more than 2 months old when uploaded/mailed, (2) have the date and time of scan visible, (3) have patient identifiers deleted or crossed out. Do not crop away any of the imaging area.
2. For NT credentialing: Send **ONLY 3 still images of NT measurements**. You may send NT images on the same fetus taken at different times during your exam of that fetus. Make sure the time on the image is not the same for any two images from the same fetus.
3. 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 <http://store.fetalmedicineusa.com/store.asp>.
4. OPTIONAL: If you wish to submit images for NB and/or tricuspid and/or ductus venosus credentialing, you will now need to take a short (5 minute) image review and image-scoring quiz before proceeding with credentialing. 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/tricuspid/ductus venosus from the Audit list and follow the instructions for taking the short test. Submit 3 images for NB/tricuspid/ductus venosus – these will be scanned and cropped and returned to you by e-mail so you can upload them after passing the short quiz. Note that no abnormal images are required, all 3 can be normal cases.

For tricuspid and ductus venosus flow, make sure that the Doppler gate size, and the angle corrector tool, sweep speed, and wall filter settings are visible on your images. For ductus venosus images, please measure the DV PI using either a manual or auto-trace approach.

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 and PI are seen. **Make sure that the Doppler gate size, and the angle corrector tool, sweep speed, and wall filter settings are visible on your images.**

Mail images and/or check to:

**Naomi Greene PhD, 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.