

# **NTMonitor: A Screening Laboratory Perspective of NT Measurements**

**Women & Infants Hospital, Department of Pathology & Laboratory Medicine**  
**PLEASE PRINT OR TYPE**

**Institutional Address:** \_\_\_\_\_

**c/o:** \_\_\_\_\_

**Mailing address 1:** \_\_\_\_\_

**Mailing address 2:** \_\_\_\_\_

**City, State Zip Country:** \_\_\_\_\_

**Primary contact, Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Secondary contact (optional):** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Our institution is:  non-profit (enter \$2,000)  for profit (enter \$5,000) \$ \_\_\_\_\_ (base price)

We currently receive NT measurements from:

20 or fewer sonographers (multiplier of 1)

more than 20 sonographers (multiplier of 2) x \_\_\_\_\_ (multiplier)

The total yearly cost of NTMonitor is: = \$ \_\_\_\_\_ (total)

Preferred starting date: (first evaluation, second evaluation 6 months later)

January  April  July  October

By: \_\_\_\_\_

Print name & title: \_\_\_\_\_

Date: \_\_\_\_\_

**Check payable to:** Institute for Preventive Medicine (IPMMS)  
**Send this signed form & payment to:** Institute for Preventive Medicine  
NTMonitor  
320 Ossipee Trail West  
Standish, Maine 04084