

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