

FETAL FIBRONECTIN PREANALYTICAL COLLECTION CHECKLIST
This form MUST accompany the sample when submitted to the lab

Patient Name: _____ DOB: _____

Please acknowledge the following by placing a check mark on the line provided.

1. _____ Sample collected using proper Hologic collection device designed for FFN testing
2. _____ Patient has not dilated 3cm or more.
3. _____ No rupture of amniotic membranes has occurred.
4. _____ Patient is between 24 and 35 weeks gestation.
5. _____ Patient is not having moderate or heavy vaginal bleeding.
6. _____ No known or suspected abruption placentae or placenta previa.
7. _____ No sexual intercourse within past 24 hours.
8. _____ No manipulation of the cervix occurring within 24 hours of collection such as digital cervical exam, vaginal probe ultrasound, Pap smear or collection of vaginal secretions for culture.
9. _____ Within the last 24 hours patient has not douched or used any other vaginal solutions, lubricants, creams or medications
10. _____ Patient does not have cancer of the reproductive tract.
11. _____ Package integrity of swab kit has not been compromised.
12. _____ Swab was lightly rotated across the posterior fornix for approximately 10 seconds.

Refer to following procedure- *L&D-4.096-Pro- Fetal Fibronectin Specimen Collection* for proper collection instructions.

Date of Collection: _____

Collector: _____