



Surname _____ Given Name _____

Address _____




Phone number _____ Date of Birth _____ Personal Health Number _____

FETAL FIBRONECTIN TESTING

Ordering Physician	Copies to
Health Authority <input type="checkbox"/> FH <input type="checkbox"/> IH <input type="checkbox"/> NH <input type="checkbox"/> VIHA <input type="checkbox"/> VCH <input type="checkbox"/> Other	

Hospital _____

DO NOT EXAMINE VAGINALLY prior to collecting fFN Specimen Swab as a digital exam prior the fFN swabbing may produce an unreliable result.

1	During speculum examination, place the swab in the posterior fornix of the vagina for 10 seconds to absorb cervicovaginal secretions.		Affix results label here
2	Remove swab and immerse tip in buffer. Break the shaft at the score even with the top of the tube.		
3	Align the shaft with the hole inside the tube cap and push down tightly over the shaft (until you hear a CLICK), sealing the tube. Ensure the shaft is aligned to avoid leakage.		
4	Label the tube with the patient name, date and time of collection. It may be stored at room temperature for a MAXIMUM 8 hours, otherwise it should be stored in refrigeration (2 - 8° C) for maximum 72 hours before analyzing.		

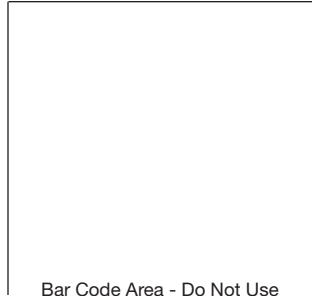
Date Specimen Collected (yyyy/mm/dd)	Time Specimen Collected (hours)	Date Reported (yyyy/mm/dd)	Time Reported (hours)
Collected By _____		Reported By _____	

Patient SYMPTOMATIC for Preterm Labour >23 to <34* weeks gestation:

* testing may be completed on those patients between 34-35⁺⁶ when a negative fFN result would influence a decision to transfer to a higher level of care.

- Yes No Is ferning positive? Have the membranes ruptured?
- Yes No Is blood present? (Trace is acceptable.)
- Yes No Has the patient had a VE or vaginal probe within 24 hours?
- Yes No Has the patient had sexual intercourse within 24 hours?
- Yes No Has a lubricant gel been used within 24 hours?
- Yes No Were swabs taken prior to fFN specimen collection?
- Yes No Is the cervix dilated ≥ 3 centimeters?

If the answer is YES to any of the above questions, DO NOT SEND SPECIMEN.





Fetal Fibronectin Testing for Suspected Preterm Labour

Patient < 34* Weeks Gestation with Symptoms of Preterm Labour

* Testing may be completed on those patients between 34-35⁶ when a negative fFN result would influence a decision to transfer to a higher level of care.

- Speculum exam **before** VE
- fFN swab from posterior fornix
- Cultures

Evidence of Ruptured Membranes

- Management of PROM
- Discard fFN swab

Intact Membranes

Vaginal Examination

Cx \geq 3 cm Dilated

- Regular uterine activity
- Diagnosis preterm labour

- Treat for preterm labour
- Discard fFN swab

Cx < 3 cm Dilated

- Ongoing uterine activity
- Clinical suspicion of preterm labour

Send fFN swab

Cx Long + closed

- Contractions subsided
- No clinical evidence of preterm labour

- Reassure mother
- Discard fFN swab

Positive

- Treat for preterm labour
- Tocolytics
- Corticosteroids
- Antibiotics
- Consider transfer to appropriate level of care

Negative

- Reassure mother
- Consider F/U endovaginal ultrasound of the cervix if clinically indicated and U/S available
- Consider repeat test in 5-7 days, if symptomatic