

Application for Ontario Prenatal Screening Laboratory Nuchal Translucency (NT) Registration

1. Program Authority

This application will be reviewed with an approval determination made by the Multiple Marker Screening (MMS) laboratories, the deciding authority on whether an individual sonographer should or should not provide NT measurements for the purpose of MMS.

2. Eligibility Requirements

Applicants must provide a copy of their valid Theory Certificate for the 11–13 Week Scan course, issued by the Fetal Medicine Foundation (FMF), with this application.

3. Applicant Information

First Name: _____

Last Name: _____ Personal

Email: _____ Phone #: _____

FMF Number: _____

Practice Site(s): _____

Work Email: _____ Phone #: _____

Manager Name: _____

Manager Email: _____ Phone #: _____

4. Measurement Requirements

Applicants must submit 15 NT/CRL measurements that meet the following criteria:

- CRL range: 45–72 mm
- Minimum 2 cases with CRL < 51 mm
- CRL must be the best-imaged measurement
- NT measurement must be the largest of three technically acceptable images
- Optional (recommended): 3 additional cases with CRL 73–84 mm
- Each submission must include Date of Examination, Exam ID (accession # or patient #, no patient PHI), CRL (mm), and NT (mm)

Cases will be assessed for conformity to the expected NT–CRL distribution relative to the FMF median curve. If acceptable, an Ontario NT ID number will be issued, and BORN access

provided for ongoing performance monitoring. If performance does not meet established standards, additional data submission and/or corrective action may be required.

CRL 45 mm to <55 mm

#	Date of Examination	Exam ID	CRL (mm)	NT (mm)
1				
2				
3				
4				

CRL 55 mm to <62 mm

#	Date of Examination	Exam ID	CRL (mm)	NT (mm)
1				
2				
3				
4				
5				
6				

CRL 63 mm to 72 mm

#	Date of Examination	Exam ID	CRL (mm)	NT (mm)
1				
2				
3				
4				
5				

CRL 73 mm to 84 mm (Optional, Recommended)

#	Date of Examination	Exam ID	CRL (mm)	NT (mm)



Mount Sinai Hospital
Joseph and Wolf Lebovic Health Complex



1				
2				
3				

Quality Advisor/Supervising Sonographer Information

At the time of registration, my NT/CRL image acquisition and measurement technique were obtained under supervision by a qualified QA reviewer/Ontario registered NT operator

Quality Advisor/Supervising Sonographer Information

First Name: _____

Last Name: _____

NT ID: _____

Email Address: _____

Phone Number: _____

FMF Enrolment Lab: ___ NYGH ___ CVH ___ MSH

5. Professional Attestation

I certify that all measurements submitted under my Ontario NT ID number will be performed solely by me.

I confirm that I performed the NT and CRL measurements included in this application in accordance with recognized technical standards, including:

- True mid-sagittal plane acquisition
- Neutral fetal position
- Appropriate magnification and image optimization
- Correct caliper placement
- Proper CRL measurement technique

I understand that accurate NT measurement directly affects the predictive performance of first trimester combined prenatal screening.

Participation in the Ontario NT Quality Assurance program is mandatory. The distribution of paired NT/CRL measurements is monitored upon initial submission for standing to the Multiple Marker Screening Laboratories and on an ongoing basis thereafter. Suspected fraudulent activity will be reported to the College of Medical Radiation and Imaging Technologists of Ontario (CMRITO).



6. Declaration

I certify that I personally acquired the NT and CRL images submitted in this application and that these measurements reflect my usual practice.

Signature: _____

Print Name: _____

Date: _____

Submit this form by email to:

Credit Valley Hospital
prenatal.screening@thp.ca
NYGH
sonographer.registration@nygh.on.ca
Mt Sinai Hospital
Prenatalscreening.MSH@sinaihealth.ca
CONTACT ONE CENTRE ONLY