

**FILM SUBMISSION FORM**  
**FETAL MEDICINE FOUNDATION USA**  
**NUCHAL TRANSLUCENCY/NASAL BONE/TRICUSPID FLOW/DUCTUS**  
**VENOSUS/FRONTO-MAXILLARY FACIAL ANGLE**

Date of Theory Course Attended: \_\_\_\_\_ City: \_\_\_\_\_

Physician/Sonographer/Other: \_\_\_\_\_ ARDMS Registry# or Pre-registry status: \_\_\_\_\_

Your name: \_\_\_\_\_ Practice/Affiliation: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

You can submit films for NT and/or NB, TF, DV, or FMFA Certificate(s) of Competence together or separately. Please note you must be FMF accredited in NT measurement before, or at the same time as, applying for further accreditations. E-mail questions to Naomi Greene.

1. **First, Fed Ex ONLY 10 still images of NT measurements and/or 5 Nasal Bone images and/or 5 Tricuspid Flow images (see protocol at [www.fetalmedicine.com/usa](http://www.fetalmedicine.com/usa)) to Naomi Greene** (address below). You may send 2-3 NT images per fetus send 1 image per fetus for NB, TF, DV and FMFA evaluation. Cross out patient's name/ID completely using pen, or cut the names off, but leave the date). Write the CRL on each image. You may e-mail digital images, if that is easier for you.
2. Please send a check made out to Naomi Greene for the one-time fee of \$50 (per person) due when beginning the NT film submission process with your first set of images.
3. For NB or FMFA, send 5 still images, one image per fetus. For NB, show **presence** of fetal nasal bone without measurement. For FMFA, send 5 images demonstrating the exact midsagittal plane of the face and facial angle measurement. Use the ultrasound machine measurement tool, if available. Alternatively, manually measure the angle using a protractor and write the angle on the image.
4. For TF, send 5 images demonstrating tricuspid flow including one with tricuspid regurgitation. In addition, for each image submitted with tricuspid Doppler demonstrated (like the examples in step 4 at [www.fetalmedicine.com/usa](http://www.fetalmedicine.com/usa)), please include one image of the 4-chamber view and Doppler gate placed (like the example in step 3), **before** Doppler is instigated, to allow the reviewer to assess placement of the Doppler gate, insuring that it is the tricuspid valve Doppler that is being obtained.
5. For DV, send 5 images (1 image per fetus) demonstrating ductus venosus waveform, including at least one with reversed a-wave (protocol/example available at [www.fetalmedicine.com/usa](http://www.fetalmedicine.com/usa)).
6. Naomi will review your images and return them to you with comments written on them and a letter summarizing her comments. If you would like your images and letter returned to you by **FedEx**, please supply your account number: \_\_\_\_\_ . For UPS/DHL, please include a pre-completed form and envelope.
7. Your first set of 10 NT images and/or your first 5 NB, TF, DV, or FMFA images may pass review or Naomi may request you submit more images after making adjustments to your technique. Naomi's letter will also indicate how many subsequent images to send to her once you have incorporated the suggestions made based on your first images.

**Enclose a copy of this form with your images (circle images submitted):**    **NT**    **NB**    **TF**    **DV**    **FMFA**

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