QUiPP App Audit Proforma

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| Hospital number | Quantitative Fetal Fibronectin test | Cervical length (mm) | Gestation | QUiPP App % risk within 7 days  | Admitted? | Antenatal corticosteroids? (date first dose) | NNU informed? | IUT attempted? | Date of delivery |
|  | Date  | Time | Result (ng/ml) |
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