# 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 ofdelivery** |
|  | **Date** | **Time** | **Result (ng/ml)** |
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