

Reporting Title: Maternal Serum Screen INT, Sp-1
Performing Location: ARUP Laboratories

Specimen Requirements:

Specimen #1 collection must occur between 10 weeks, 0 days and 13 weeks, 6 days gestation. (If gestational age is based on Crown-Rump length (CRL), the specimen must be collected when the CRL is between 32.4 - 83.9 mm)

Draw blood in a plain red-top tube(s), serum gel tube is acceptable. Spin down and send 0.5 mL serum refrigerated in a plastic vial.

Separate from cells ASAP or within 2 hours of collection.

Note:

Submit with order: Patient's date of birth, current weight, number of fetuses present, patient's race, if the patient was diabetic at the time of conception, if there is a known family history of neural tube defects, if the patient has had a previous pregnancy with a trisomy, if the patient is currently smoking, if the patient is taking valproic acid or carbamazepine (Tegretol), if this is a repeat sample, and the age of the egg donor if in vitro fertilization.

In addition to the above:

If a NT measurement is performed: the date of ultrasound, the CRL measurement, the nuchal translucency (NT) measurement and the name and certification number of the sonographer is required. NT must be measured when the CRL is between 38-83.9mm.

Or

If no NT measurement is performed: a due date or CRL measurement with the date of ultrasound is required.

The NT measurement must also be performed by an ultrasonographer that is certified by one of the following agencies: Fetal Medicine Foundation (FMF) or Nuchal Translucency Quality Review (NTQR).

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	14 days	
	Frozen	90 days	
	Ambient	72 hours	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
FPATI	Z5934	Maternal Date of Birth	Plain Text	Yes
FPATI	Z5935	Maternal Weight	Plain Text	Yes
FPATI	Z5936	Patient Weight Units	Plain Text	Yes
FPATI	Z5937	Due Date	Plain Text	Yes
FPATI	Z5938	Dating Method	Plain Text	Yes

Test Definition: FFMSS

Maternal Serum Screening, Integrated,
Specimen #1, PAPP-A, NT

FPATI	Z5939	Last Menstrual Period	Plain Text	Yes
FPATI	Z5940	Number of Fetuses	Plain Text	Yes
FPATI	Z5941	Monochorionic Twins	Plain Text	Yes
FPATI	Z5942	Race of Mother	Plain Text	Yes
FPATI	Z5943	Diabetic Status	Plain Text	Yes
FPATI	Z5944	Current Smoking	Plain Text	Yes
FPATI	Z5945	Valproic-Carbamazepine	Plain Text	Yes
FPATI	Z5946	Previous Trisomy Preg	Plain Text	Yes
FPATI	Z5947	Family History of NTD	Plain Text	Yes
FPATI	Z5948	In Vitro Fertilization	Plain Text	Yes
FPATI	Z5949	Donor Egg Age at Harvest	Plain Text	Yes
FPATI	Z5950	Repeat Specimen	Plain Text	Yes
FPATI	Z5951	Date of Ultrasound	Plain Text	Yes
FPATI	Z5952	Crown Rump Length	Plain Text	Yes
FPATI	Z5953	Nuchal Translucency	Plain Text	Yes
FPATI	Z5954	Sonographer Name	Plain Text	Yes
FPATI	Z5955	Sonographer Cert Number	Plain Text	Yes
FPATI	Z5956	Reading MD Name	Plain Text	Yes
FPATI	Z5957	Reading MD Cert Number	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
Z5958	PAPP-A Maternal	Alphanumeric		48407-1
Z5959	Nuchal Translucency (NT)	Alphanumeric		12146-7
Z5960	Nuchal Translucency (NT), Twin B	Alphanumeric		12146-7
Z5961	Maternal Screen Interpretation	Alphanumeric		49586-1
Z5962	Maternal Age At Delivery	Alphanumeric		21612-7
Z5963	Maternal Weight	Alphanumeric		29463-7
Z5964	Estimated Due Date	Alphanumeric		11778-8
Z5965	Gestational Age Calculated at Coll.	Alphanumeric		18185-9
Z5966	Dating	Alphanumeric		21299-3
Z5967	Number of Fetuses	Alphanumeric		11878-6
Z5968	Maternal Race	Alphanumeric		21484-1
Z5969	Smoking	Alphanumeric		64234-8
Z5970	Family History of Aneuploidy	Alphanumeric		32435-0
Z5971	Specimen	Alphanumeric		19151-0
Z5972	Crown Rump Length	Alphanumeric		11957-8
Z5973	Crown Rump Length, Twin B	Alphanumeric		11957-8
Z5974	Sonographer Certification Number	Alphanumeric		49089-6
Z5975	Sonographer Name	Alphanumeric		49088-8
Z5976	Ultrasound Date	Alphanumeric		34970-4

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Specimen #1, PAPP-A, NT

Z5977	Best date to draw sample nmb 2 by	Alphanumeric		33882-2
Z5978	EER Maternal Serum, Integrated, Sp1	Alphanumeric		11526-1

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

Components:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
FPATI	Patient Information			Yes	No
FMAS1	Maternal Screen INT-1			Yes	No

CPT Code Information:

84163

Reference Values:

An interpretive report will be provided.

Part 2 must be completed in order to receive an interpretable result.

If the second specimen is not received for sequential screening, the results are uninterpretable and no maternal risk will be provided.