
Reporting Title: Sequential Maternal Screen, Part 1**Performing Location:** Rochester**Ordering Guidance:**

When part 1 is negative, part 2 must be completed in order to receive an interpretable result. If collecting a second-trimester specimen is expected to be difficult, order first-trimester screening instead (1STT1 / First Trimester Maternal Screen, Serum).

If a stand-alone neural tube defect risk assessment is desired, order MAFP1 / Alpha-Fetoprotein (AFP), Single Marker Screen, Maternal, Serum.

Additional Testing Requirements:

Sequential maternal screening is a 2-part test that includes a first-trimester sample (this test) and a second-trimester sample (SEQB / Sequential Maternal Screening, Part 2, Serum).

Necessary Information:

Approval to send specimen for first-trimester screening is required and may take up to 5 business days to complete. Nuchal translucency (NT) measurements are only accepted from NT-certified sonographers. Do not send specimen to Mayo Clinic Laboratories if the sonographer is not NT-certified or before completing the application process. See Maternal Screening: Sonographer Approval Process. Complete the NT/CRL Data for First Trimester/Sequential Maternal Screening.

Specimen Requirements:

Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 1 mL

Collection Instructions:

1. The ultrasound and blood draw must be completed within a gestational window of 10 weeks, 0 days and 13 weeks, 6 days, which corresponds to a crown-rump length range of 31 to 80 mm.
2. Centrifuge and aliquot serum into a plastic vial within 2 hours of collection.

Specimen Minimum Volume:

0.5 mL

Forms:

First Trimester/Sequential Maternal Screening Patient Information (T593) is required.

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	7 days	
	Frozen	90 days	
	Ambient	7 days	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
SEQA	DRPH2	Physician Phone Number	Number	Yes
SEQA	MTWT	Patient Weight	Plain Text	No
SEQA	LBKGS	Units (lbs or kg): • lbs • kg	Answer List	No
SEQA	SONOM	Sonographer Name	Plain Text	Yes
SEQA	SNCD1	Sonographer Code	Plain Text	Yes
SEQA	SNDT1	Scan Date	Plain Text	Yes
SEQA	CRL1A	CRL	Plain Text	Yes
SEQA	NT1	NT	Plain Text	Yes
SEQA	FET1	Number of Fetuses: • 1 • 2 • 3 or more	Answer List	Yes
SEQA	CHOR1	Chorions: • Monochorionic • Dichorionic • Unknown • Not applicable	Answer List	Yes
SEQA	CRL2A	CRL Twin	Plain Text	Yes
SEQA	NTTB1	NT Twin	Plain Text	Yes
SEQA	DIAB1	Insulin Dependent Diabetes: • None • Diabetic	Answer List	Yes
SEQA	RACE_	Patient Race: • Black • non-Black	Answer List	Yes
SEQA	IVF1	IVF: • No • Yes	Answer List	Yes

Test ID	Question ID	Description	Type	Reportable
SEQA	EGGDS	IVF Egg Donor Date of Birth	Plain Text	No
SEQA	EGGFT	IVF Egg or Embryo Freeze Date	Plain Text	No
SEQA	PRHIX	Prev Down (T21) / Trisomy Pregnancy: • No • Yes • Unknown	Answer List	Yes
SEQA	PRNTA	Prev Pregnancy w/ Neural Tube Defect: • No • Yes • Unknown	Answer List	Yes
SEQA	PTNTA	Patient or father of baby has a NTD: • No • Yes • Unknown	Answer List	Yes
SEQA	SMKN2	Current cigarette smoking status: • non-smoker • Smoker	Answer List	Yes
SEQA	INTL2	Initial or repeat testing: • Initial Testing • Repeat testing	Answer List	Yes
SEQA	SONO1	Sonographer Reviewer ID	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
29451	Recalculated Maternal Serum Screen	Alphanumeric		43995-0
601802	Results Summary	Alphanumeric		50679-0
29469	Down Syndrome Screen Risk Estimate	Alphanumeric		43995-0
29470	Down Syndrome Maternal Age Risk	Alphanumeric		49090-4
29471	Trisomy 18 Screen Risk Estimate	Alphanumeric		43994-3
29468	PAPP-A	Alphanumeric		48407-1
601799	PAPP-A MoM	Numeric	MoM	76348-2
NT1	NT	Numeric	mm	33069-6
601800	NT MoM	Numeric	MoM	49035-9
NTTB1	NT Twin	Numeric	mm	33069-6
601801	NT Twin MoM	Numeric	MoM	49035-9

Result ID	Reporting Name	Type	Unit	LOINC®
29472	Interpretation	Alphanumeric		49586-1
29474	Recommended Follow Up	Alphanumeric		80615-8
29473	Additional Comments	Alphanumeric		48767-8
29452	Specimen Collection Date	Alphanumeric		33882-2
29453	Maternal Date of Birth	Alphanumeric		21112-8
29890	Calculated Age at EDD	Alphanumeric	yr	43993-5
29454	Maternal Weight	Numeric	lbs	29463-7
29455	Maternal Weight	Numeric	kg	29463-7
DIAB1	Insulin Dependent Diabetes	Alphanumeric		33248-6
RACE_	Patient Race	Alphanumeric		32624-9
SMKN2	Current cigarette smoking status	Alphanumeric		72166-2
SNDT1	Scan Date	Alphanumeric		34970-4
CRL1A	CRL	Alphanumeric	mm	11957-8
CRL2A	CRL Twin	Alphanumeric	mm	11957-8
29891	GA on Collection by U/S Scan	Alphanumeric	wk,d	11888-5
FET1	Number of Fetuses	Alphanumeric		11878-6
CHOR1	Chorions	Alphanumeric		92568-5
IVF1	IVF	Alphanumeric		47224-1
PRHIX	Prev Down (T21) / Trisomy Pregnancy	Alphanumeric		53826-4
PRNTA	Prev Pregnancy w/ Neural Tube Defect	Alphanumeric		53827-2
PTNTA	Patient or father of baby has a NTD	Alphanumeric		53827-2
INTL2	Initial or repeat testing	Alphanumeric		86955-2
SONOM	Sonographer Name	Alphanumeric		49088-8
SNCD1	Sonographer Code	Alphanumeric		No LOINC Needed
SONO1	Sonographer Reviewer ID	Alphanumeric		49089-6
DRPH2	Physician Phone Number	Alphanumeric		68340-9
29487	General Test Information	Alphanumeric		62364-5

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:
No

CPT Code Information:

84163

Reference Values:

An interpretive report will be provided.