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TEST UPDATE
MATERNAL SERUM SCREEN, INTEGRATED

Pranil K. Chandra, DO, Medical Director
Mary M Mayo, PhD, Scientific Director

This change will take effect **June 23, 2014**

OVERVIEW AND CLINICAL UTILITY:

Effective June 23, 2014, PathGroup will be insourcing maternal serum screening, integrated, to evaluate the risk for Down's syndrome, Trisomy 18 and Open Spina Bifida. First specimen should be collected in the first trimester between 11 weeks and 13 weeks 6 days and Crown-Rump length (CRL) must be 4.2-8.5 cm. The second specimen should be collected in second trimester between 15 weeks and 18 weeks 6 days (optimal collection time frame) but can be collected until 21 weeks 6 days. Preliminary report after the first specimen will only have PAPP-A with final interpretation pending second specimen submission.

TEST METHODOLOGY:

Chemiluminescent Immunoassay/Calculation

ORDERING:

OLD TEST CODE	NEW TEST CODE	TEST NAME	CPT
MATIS1	MSIS1	Maternal Serum Screen, Integrated, First Specimen	84163
MATIS2	MSIS2	Maternal Serum Screen, Integrated, Second Specimen	82105; 84702;82677; 86336

The sequential maternal screen also requires the following information: a crown-rump length measurement (mm), ultra-sonographer's name and certification number, date of ultrasound, patient's date of birth, current weight, due date, number of fetuses present, patient's race, if the patient requires insulin, if there is a known family history of neural tube defects, and for in vitro fertilization pregnancies, the age of the egg donor.

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TEST UPDATE
MATERNAL SERUM SCREEN, INTEGRATED

SPECIMEN COLLECTION AND STORAGE:

	IF ORDERING:
Serum	• Collect specimen in an SST /serum separator tube a) Allow serum tube to clot for 30 minutes. b) Spin serum separator tube 10-15 minutes @ 3500 rpm. • Serum specimens are stable refrigerated for 3 days. • Transport specimen refrigerated. • Unacceptable: Hemolysis or Lipemia

TEST PERFORMED: Monday- Friday **TURNAROUND TIME:** 1-3 days

For further questions, please contact Client Services at 615-562-9300 or 1-888-474-5227

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TEST UPDATE
MATERNAL SERUM SCREEN, SEQUENTIAL

Pranil K. Chandra, DO, Medical Director
Mary M Mayo, PhD, Scientific Director

This change will take effect **June 23, 2014**

OVERVIEW AND CLINICAL UTILITY:

Effective June 23, 2014, PathGroup will be insourcing maternal serum screening, sequential, to evaluate the risk for Down's syndrome, Trisomy 18 and Open Spina Bifida. First specimen should be collected in the first trimester between 11 weeks and 13 weeks 6 days and Crown-Rump length (CRL) must be 4.2-8.5 cm. The second specimen should be collected in the second trimester between 15 weeks and 18 weeks 6 days (optimal collection time frame) but can be collected until 21 weeks 6 days. Preliminary interpretation for Down's syndrome and Trisomy 18 will be released after the first specimen with final interpretation pending second specimen submission.

TEST METHODOLOGY:

Chemiluminescent Immunoassay/Calculation

ORDERING:

OLD TEST CODE	NEW TEST CODE	TEST NAME	CPT
MATSCS1	MSSS1	Maternal Serum Screen, Sequential, First Specimen	84163; 84702
MATSCS2	MSSS2	Maternal Serum Screen, Sequential, Second Specimen	82105; 84702; 82677; 86336

The sequential maternal screen also requires the following information: a crown-rump length measurement (mm), nuchal translucency (NT) measurement, ultra-sonographer's name and certification number, date of ultrasound, patient's date of birth, current weight, due date, number of fetuses present, patient's race, if the patient requires insulin, if there is a known family history of neural tube defects, and for in vitro fertilization pregnancies, the age of the egg donor.

This test requires a nuchal translucency (NT) measurement that has been performed by a certified ultra-sonographer. The ultra-sonographer MUST be certified to perform NT measurements by one of the following agencies: Fetal Medicine Foundation (FMF) or Nuchal Translucency Quality Review (NTQR).

TEST UPDATE
MATERNAL SERUM SCREEN, SEQUENTIAL

SPECIMEN COLLECTION AND STORAGE:

	IF ORDERING:
Serum	• Collect specimen in an SST /serum separator tube a) Allow serum tube to clot for 30 minutes. b) Spin serum separator tube 10-15 minutes @ 3500 rpm. • Serum specimens are stable refrigerated for 3 days. • Transport specimen refrigerated. • Unacceptable: Hemolysis or Lipemia

TEST PERFORMED: Monday- Friday **TURNAROUND TIME:** 1-3 days

For further questions, please contact Client Services at 615-562-9300 or 1-888-474-5227

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TEST UPDATE
FIRST TRIMESTER MATERNAL SCREEN

Pranil K. Chandra, DO, Medical Director
Mary M Mayo, PhD, Scientific Director

This change will take effect **June 23, 2014**

OVERVIEW AND CLINICAL UTILITY:

Effective June 23, 2014, PathGroup will be insourcing the first trimester maternal screen to evaluate the risk for Down's syndrome and Trisomy 18. Specimen should be collected in the first trimester between 11 weeks and 13 weeks 6 days.

TEST METHODOLOGY:

Chemiluminescent Immunoassay/Calculation

ORDERING:

TEST CODE	TEST NAME	CPT
FTRSC	First Trimester Maternal Screen	84163; 84702

The First Trimester Maternal Screen also requires the following information: a crown-rump length measurement (mm), ultra-sonographer's name and certification number, date of ultrasound, patient's date of birth, current weight, due date, number of fetuses present, patient's race, and for in vitro fertilization pregnancies, the age of the egg donor.

SPECIMEN COLLECTION AND STORAGE:

	IF ORDERING:
Serum	• Collect specimen in an SST /serum separator tube a) Allow serum tube to clot for 30 minutes. b) Spin serum separator tube 10-15 minutes @ 3500 rpm. • Serum specimens are stable refrigerated for 3 days. • Transport specimen refrigerated. • Unacceptable: Hemolysis or Lipemia

TEST PERFORMED: Monday- Friday **TURNAROUND TIME:** 1-3 days

For further questions, please contact Client Services at 615-562-9300 or 1-888-474-5227

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Client Services Phone: 615-562-9300
Client Services Fax: 615-562-9301
Toll Free Phone: 1-888-474-5227
Toll Free Fax: 1-866-325-5890
www.pathgroup.com

Maternal Screen Testing Recalculation Request Form

Client Name: _____ **Account Number:** _____

Person Requesting Change(s): _____
**Must be client physician or designated employee; PathGroup phlebotomists may not request changes*

Patient Name: _____ **DOB (MM/DD/YY):** _____
Last, First, MI

Accession Number: _____ **Date of Service:** _____ **Event Number** _____

PREGNANCY INFORMATION: *(Enter desired changes only)*

	Change From:	Change To:		Change From:	Change To:
Estimated Date of Delivery (EDD)			Number of Fetuses		
EDD Determined by			Insulin Dependent		
LMP Date			Weight		
Current Gestational Age			Race		
Ultrasound Date			Screen- Initial or Repeat		
Gestational Age on Ultrasound Date			If IVF, Donor's Date of Birth or Age		
Gravida			Family History of Neural Tube Defects		
Parity			Maternal Date of Birth		
Nuchal Translucency (NT)			Crown Rump Length (CRL)		

TEST CODE DESIRED: *(Enter only if changes are required)*

Test Code	Test Name	ICD-9 Code	Comments
☐ **AFM20**	Alpha- fetoprotein Maternal, 2.0 MoM		
☐ **AFP25**	Alpha- fetoprotein Maternal, 2.5 MoM		
☐ **TRIP2**	Alpha- fetoprotein Triple Marker Screen, 2.0 MoM		
☐ **AFT5**	Alpha- fetoprotein Triple Marker Screen, 2.5 MoM		
☐ **QUAD2**	Alpha- fetoprotein Quad Screen, 2.0 MoM		
☐ **AFQ5**	Alpha- fetoprotein Quad Screen, 2.5 MoM		
☐ **FTRSC**	First Trimester Maternal Screen		
☐ **MSSS1/MSSS2**	Sequential Maternal Serum Screen		
☐ **MSIS1/ MSIS2**	Integrated Maternal Serum Screen		

PLEASE FAX THIS FORM BACK TO: 615-562-9301 or 1-866-325-5890

**This form must be completed and returned via Fax to PathGroup immediately. For further inquiries, please call Client Services at 615-562-9300 or toll free at 888-474-5227.*

Date: _____ Initials: _____

Date Modified: 06/23/2014