

MGHS Test Change Implementation Notice

Effective 1/15/2007

Test Deletion

ALPHA-FETOPROTEIN (AFP), FOUR MARKER SCREEN, MATERNAL, SERUM

Profile Code: AFP4
Specimen: 1 Red top Plain, 1.0 mL Serum, Frozen.
Schedule: Monday-Friday
Testing Time: 2 Days
Methodology: FPIA, EIA, RIA
Test Number: 562
Reference Range: Separate report sent. (SEPRT)
Performing Lab: Warde Medical Laboratories

*As of 1/15/2007 MGHS will no longer be sending this test to Warde, it will now be forwarded to Mayo Medical Lab. Please see new test information listed below.

New Test

QUAD SCREEN (2ND TRIMESTER) MATERNAL, SERUM

Profile Code: QDSCN
Specimen: Draw blood in a plain, red-top tube(s) or a serum gel tube(s).
Spin down immediately and send 1.0 mL of maternal serum
refrigerated.

- Note:**
1. **The following information is required** for processing:
 - A. Maternal date of birth (not age), weight, race, and number of fetuses
Note: Clinical interpretation is not possible if 3 or more fetuses are present or in twin pregnancies with a insulin-dependent diabetic mother.
 - B. Is patient an insulin-dependent diabetic?
 - C. Gestational age calculation
(Provide at least 1 of the following):
 1. Date of ultrasound and gestation by ultrasound on the date ultrasound was performed
Note: Do not extrapolate to draw date.
Twin pregnancies must have ultrasound information included.
 2. First day of last menstrual period (LMP)
 3. Gestation by physical exam
 4. Expected date of delivery, must specify by LMP or ultrasound.
 - D. In vitro fertilization pregnancy-please provide donor date of birth as this may have a significant impact on calculated screen risk.
 2. Gestational age must be between 15 and 22 weeks for neural tube interpretation; 16 to 18 weeks is optimal. Down syndrome and trisomy 18 risk interpretation is provided between 14 and 22 weeks.
 3. If this is a repeat analysis, please note previous laboratory control number.

Schedule: Monday through Saturday
Testing Time: 1 Day from receipt at Mayo Medical Lab
Methodology: Immunoenzymatic assay, ELISA
Test Number: 562
CPT: 82105, 82677, 84702 X2, 86336
Reference Range: NEURAL TUBE DEFECTS
An AFP multiple of the median (MoM) < 2.5 is reported as screen negative. AFP MoMs > or =2.5 (singleton pregnancies) and > or =5.33 (twin gestation) are reported as screen positive.
DOWN SYNDROME
Calculated screen risks <1/270 are reported as screen negative, risks 1/270 are reported as screen positive.
TRISOMY 18
Calculated screen risks <1/100 are reported as screen negative, risks 1/100 are reported as screen positive.
An interpretive report will be provided.

