

DEPARTMENT OF MEDICAL GENETICS

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Maternal Serum Screening (MSAFP)

Requesting Care Provider: provider	er code:	Date of sample /
SELECT DESIRED TEST: diagno	stic code(ICD-9)	MRN
FIRST TRIMESTER SCREEN: Result in First Trimester		Last Name
PAPP-A , hCG, and Nuchal Translucency (NT) ultrasound measurement required * Between 1 0/7 to 3 6/7 weeks [No neural tube evaluation available from this test.]		
		First Name
MSAFP – INTEGRATED SCREEN: 2 step test Result after the second sample received. No First trimester result.		Maiden Name
Result after the second sample received. <u>Ni</u> FULL Integrated = 1 st & 2 nd trimester blood sar		Address
SERUM Integrated = 1st & 2nd trimester blood samples only		City
STEP ONE: PAPP-A (with or without NT*) Between ID D/7 to 13 6/7 weeks		StateZip Code
STEP TWO: Quad screen		Patient's phone number ()
Between 15 0/7 to 22 6/7 weeks		1 attent s phone number ()
SEQUENTIAL or <i>Blended</i> SCREENING: 2 step test First Trimester result if high risk, otherwise proceed to addition of second sample		Pregnancy information: LMP//
STEP ONE: PAPP-A, hCG, NT required* Between # 0.7 to #3 6.7 weeks STEP TWO: Quad screen Between #5 0.7 to #2 6.7 weeks		If LMP is not known and ultrasound dating is not available, please provide physical exam dating
		weeks on/(date of physical exam)
		Patient weight pounds Date of Birth / /
MSAFP – QUAD SCREEN Between 15 0/7 to 22 6/7 weeks		Patient race
MSAFP, uE3, hCG, and InhibinA in second trimester		□ yes □ no Patient has had FIRST Trimester screening.
	een 15 0/7 to 22 6/7 weeks	☐ yes ☐ no Patient had CVS or Amniocentesis during THIS pregnancy
MSAFP, uE3, and hCG in second trime		 □ yes □ no Patient has medication-dependant diabetes at conception. □ yes □ no Patient smokes cigarettes.
MSAFP ONLY: for neural tube		☐ yes ☐ no Patient had a prior pregnancy with Down syndrome. ☐ yes ☐ no Patient had a prior pregnancy with a neural tube defect.
Select for patients who have had: FIRST TRIMESTER screen. CVS (Chorionic Villus sampling), or prior Down syndrome only screen		☐ yes ☐ no This is an In Vitro Fertilization pregnancy.
Between 15 0/7 to 22 6/7 weeks [cannot interpret if drawn before 15 0/7 weeks]		
·		□ yes □ no Donor egg was used. Age of donor years □ yes □ no This is a <u>repeat</u> sample.
• Sample requirements: 1 SERUM SEP	ARATOR TUBE	□ yes □ no This is a <u>repeat</u> sample.
·	ARATOR TUBE anslucency (NT) data will be	☐ yes ☐ no Donor egg was used. Age of donor years ☐ yes ☐ no This is a repeat sample. Care Provider Name and Address for report:
• Sample requirements: 1 SERUM SEP * Samples received without the required Nuchal Tr	ARATOR TUBE anslucency (NT) data will be	□ yes □ no This is a <u>repeat</u> sample.
Sample requirements: 1 SERUM SEP Samples received without the required Nuchal Tri "reflexed" to serum integrated test of	PARATOR TUBE anslucency (NT) data will be components.	□ yes □ no This is a <u>repeat</u> sample.
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