

MEMORANDUM



August 6, 2015

Nebraska Medical Center, Genetics Laboratory will no longer perform the Maternal Quad Screen Panel as of September 1, 2015.

Effective August 19, 2015, all Maternal Quad Screen testing as well as Maternal Serum Screen, Alpha Fetoprotein (only) will be sent through the Methodist Pathology Center to ARUP. Technically, the methodology of the testing will remain the same. There will be a different report format and a different Patient History Form that is required and must be completed by the provider. This form is included in this memo, but the form can be accessed and printed from the ARUP Test Directory Website - <http://ltd.aruplab.com/Tests/Pub/0080269>. ARUP will provide the services of a Genetic Counselor at no charge. Please inform your providers about these changes. Please direct any questions to Dr. George Bedrnicek (402)955-5528 or Dr. Tom Williams, The Pathology Center Medical Director (402)354-4559.

Maternal Screen, Alpha Fetoprotein, hCG, Estriol, Inhibin A
ARUP Test #0080269 CPT 81511

Maternal Serum Screen, Alpha Fetoprotein (only)
ARUP Test #0080434 CPT 82105

Methodology: Quantitative Chemiluminescent Immunoassay
Performed: Sat – Sun
Reported: 2-3 Days
Submit With Order: **Patient History for Maternal Serum Testing (see form – available on ARUP test directory)**

Specimen Required

Patient Preparation: Specimen must be drawn between 14 weeks, 0 days and 24 weeks, 6 days gestation.

Collect: Serum separator tube or plain red.

Specimen Preparation: Separate serum from cells ASAP or within 2 hours of collection. Transfer 3 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL)

Storage Transport Temperature: Refrigerated

Unacceptable Conditions: Plasma. Specimens exposed to repeated freeze/thaw cycles. Hemolyzed specimens.

Remarks: **The following information is required and must accompany the sample for test interpretation:** patient's date of birth, current weight, due date, dating method (US, LMP), number of fetuses present, patient's race, if the patient requires insulin, if there is a known family history of neural tube defects, if the patient has had a previous pregnancy with a chromosome abnormality, if the patient is taking valproic acid or carbamazepine (Tegretol®), physician's name and phone number; and for in vitro fertilization pregnancies, the age of the egg donor.

Stability: After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 year.
