

# **Test Definition: FFMSS**

Maternal Serum Screening, Integrated, Specimen #1, PAPP-A, NT

Reporting Title: Maternal Serum Screen INT, Sp-1

**Performing Location:** ARUP Laboratories

#### **Specimen Requirements:**

Specimen #1 collection must occur between 10 weeks, 0 days and 13 weeks, 6 days gestation. (If gestational age is based on Crown-Rump length (CRL), the specimen must be collected when the CRL is between 32.4 - 83.9 mm)

Draw blood in a plain red-top tube(s), serum gel tube is acceptable. Spin down and send 0.5 mL serum refrigerated in a plastic vial.

Separate from cells ASAP or within 2 hours of collection.

#### Note:

**Submit with order:** Patient's date of birth, current weight, number of fetuses present, patient's race, if the patient was diabetic at the time of conception, if there is a known family history of neural tube defects, if the patient has had a previous pregnancy with a trisomy, if the patient is currently smoking, if the patient is taking valproic acid or carbamazepine (Tegretol), if this is a repeat sample, and the age of the egg donor if in vitro fertilization.

#### In addition to the above:

**If a NT measurement is performed:** the date of ultrasound, the CRL measurement, the nuchal translucency (NT) measurement and the name and certification number of the sonographer is required. NT must be measured when the CRL is between 38-83.9mm.

<u>Or</u>

If no NT measurement is performed: a due date or CRL measurement with the date of ultrasound is required.

The NT measurement must also be performed by an ultrasonographer that is certified by one of the following agencies: Fetal Medicine Foundation (FMF) or Nuchal Translucency Quality Review (NTQR).

| Specimen Type | Temperature              | Time     | Special Container |
|---------------|--------------------------|----------|-------------------|
| Serum         | Ambient                  | 72 hours |                   |
|               | Refrigerated (preferred) | 14 days  |                   |
|               | Frozen                   | 90 days  |                   |

### Ask at Order Entry (AOE) Questions:

| Test ID | Question ID | Description            | Туре       | Reportable |
|---------|-------------|------------------------|------------|------------|
| FPATI   | Z5934       | Maternal Date of Birth | Plain Text | Yes        |
| FPATI   | Z5935       | Maternal Weight        | Plain Text | Yes        |
| FPATI   | Z5936       | Patient Weight Units   | Plain Text | Yes        |
| FPATI   | Z5937       | Due Date               | Plain Text | Yes        |
| FPATI   | Z5938       | Dating Method          | Plain Text | Yes        |



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| FPATI | Z5939 | Last Menstrual Period    | Plain Text | Yes |
|-------|-------|--------------------------|------------|-----|
| FPATI | Z5940 | Number of Fetuses        | Plain Text | Yes |
| FPATI | Z5941 | Monochorionic Twins      | Plain Text | Yes |
| FPATI | Z5942 | Race of Mother           | Plain Text | Yes |
| FPATI | Z5943 | Diabetic Status          | Plain Text | Yes |
| FPATI | Z5944 | Current Smoking          | Plain Text | Yes |
| FPATI | Z5945 | Valproic-Carbamazepine   | Plain Text | Yes |
| FPATI | Z5946 | Previous Trisomy Preg    | Plain Text | Yes |
| FPATI | Z5947 | Family History of NTD    | Plain Text | Yes |
| FPATI | Z5948 | In Vitro Fertilization   | Plain Text | Yes |
| FPATI | Z5949 | Donor Egg Age at Harvest | Plain Text | Yes |
| FPATI | Z5950 | Repeat Specimen          | Plain Text | Yes |
| FPATI | Z5951 | Date of Ultrasound       | Plain Text | Yes |
| FPATI | Z5952 | Crown Rump Length        | Plain Text | Yes |
| FPATI | Z5953 | Nuchal Translucency      | Plain Text | Yes |
| FPATI | Z5954 | Sonographer Name         | Plain Text | Yes |
| FPATI | Z5955 | Sonographer Cert Number  | Plain Text | Yes |
| FPATI | Z5956 | Reading MD Name          | Plain Text | Yes |
| FPATI | Z5957 | Reading MD Cert Number   | Plain Text | Yes |

# **Result Codes:**

| Result ID | Reporting Name                      | Туре         | Unit | LOINC®  |
|-----------|-------------------------------------|--------------|------|---------|
| Z5958     | PAPP-A Maternal                     | Alphanumeric |      | 48407-1 |
| Z5959     | Nuchal Translucency (NT)            | Alphanumeric |      | 12146-7 |
| Z5960     | Nuchal Translucency (NT), Twin B    | Alphanumeric |      | 12146-7 |
| Z5961     | Maternal Screen Interpretation      | Alphanumeric |      | 49586-1 |
| Z5962     | Maternal Age At Delivery            | Alphanumeric |      | 21612-7 |
| Z5963     | Maternal Weight                     | Alphanumeric |      | 29463-7 |
| Z5964     | Estimated Due Date                  | Alphanumeric |      | 11778-8 |
| Z5965     | Gestational Age Calculated at Coll. | Alphanumeric |      | 18185-9 |
| Z5966     | Dating                              | Alphanumeric |      | 21299-3 |
| Z5967     | Number of Fetuses                   | Alphanumeric |      | 11878-6 |
| Z5968     | Maternal Race                       | Alphanumeric |      | 21484-1 |
| Z5969     | Smoking                             | Alphanumeric |      | 64234-8 |
| Z5970     | Family History of Aneuploidy        | Alphanumeric |      | 32435-0 |
| Z5971     | Specimen                            | Alphanumeric |      | 19151-0 |
| Z5972     | Crown Rump Length                   | Alphanumeric |      | 11957-8 |
| Z5973     | Crown Rump Length, Twin B           | Alphanumeric |      | 11957-8 |
| Z5974     | Sonographer Certification Number    | Alphanumeric |      | 49089-6 |
| Z5975     | Sonographer Name                    | Alphanumeric |      | 49088-8 |
| Z5976     | Ultrasound Date                     | Alphanumeric |      | 34970-4 |



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| Z5977 | Best date to draw sample nmb 2 by   | Alphanumeric | 33882-2 |
|-------|-------------------------------------|--------------|---------|
| Z5978 | EER Maternal Serum, Integrated, Sp1 | Alphanumeric | 11526-1 |

LOINC® and CPT codes are provided by the performing laboratory.

## **Supplemental Report:**

No

### **Components:**

| Test Id | Reporting Name        | CPT Units | CPT Code | Always Performed | Available Separately |
|---------|-----------------------|-----------|----------|------------------|----------------------|
| FPATI   | Patient Information   |           |          | Yes              | No                   |
| FMAS1   | Maternal Screen INT-1 |           |          | Yes              | No                   |

## **CPT Code Information:**

84163

#### **Reference Values:**

An interpretive report will be provided.

Part 2 must be completed in order to receive an interpretable result.

If the second specimen is not received for sequential screening, the results are uninterpretable and no maternal risk will be provided.