

Overview

Method Name

Quantitative Chemiluminescent Immunoassay (CLIA)

NY State Available

Yes

Specimen

Specimen Type

Serum

Specimen Required

Specimen collection must occur between 14 weeks, 0 days and 24 weeks, 6 days gestation (based on the crown-rump length). Recommended time for maternal serum screening is 16 to 18 weeks gestation. Acceptable date ranges to collect the second samples are provided in the Integrated-1 report.

Collection Container/Tube: Serum gel or red top

Submission Container/Tube: Plastic vial

Specimen Volume: 3 mL Serum

Collection Instructions:

1. As soon as possible or within 2 hours of collection, centrifuge and aliquot serum into a plastic vial.
2. Send refrigerate.

Note: This test requires that a previous first trimester specimen, FFMSS / Maternal Serum Screening, Integrated, Specimen #1, PAPP-A, NT has been performed.

Specimen Minimum Volume

Serum: 1 mL

Reject Due To

Hemolysis	Reject
Plasma	Reject

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	14 days	
	Ambient	72 hours	
	Frozen	365 days	

Clinical & Interpretive

Clinical Information

Refer to <https://ltd.aruplab.com/>

Reference Values

An interpretive report will be provided.

Interpretation

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.

Cautions

A screen interpreted as "normal" misses approximately 15% of Down syndrome, 20% of open neural tube defects and 10% of trisomy 18 cases.

Abnormal results require follow-up with targeted ultrasound, genetic counseling, and consideration of fetal diagnostic testing.

Performance

PDF Report

No

Day(s) Performed

Monday through Sunday

Report Available

2 to 8 days

Performing Laboratory Location

ARUP Laboratories

Fees & Codes

Fees

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

CPT Code Information

81511

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
FMSS2	Maternal Serum Screen INT, Sp-2	Not Provided

Result ID	Test Result Name	Result LOINC® Value
Z5170	Patient's AFP	1834-1
Z5171	MoM for AFP	20450-3
Z5172	Patient's uE3	2250-9
Z5173	MoM for uE3	20466-9
Z5174	Patient's hCG, 2nd Trimester	19080-1
Z5175	hCG MoM, 2nd Trimester	20465-1
Z5176	Patient's DIA	23883-2
Z5177	MoM for DIA	35738-4
Z5178	PAPP-A Maternal	32046-5
Z5179	MoM for PAPP-A	32123-2
Z5180	Nuchal Translucency (NT)	12146-7
Z5181	MoM for NT	49035-9
Z5182	Nuchal Translucency (NT), Twin B	12146-7
Z5183	MoM for NT, Twin B	49035-9
Z5184	Maternal Screen Interpretation	49586-1
Z5185	Maternal Age At Delivery	21612-7
Z5186	Maternal Weight	29463-7
Z5187	Estimated Due Date	11778-8
Z5188	Gestational Age for Second Specimen	18185-9
Z5189	Dating	21299-3
Z5190	Number of Fetuses	11878-6
Z5191	Maternal Race	21484-1
Z5192	Insulin Req Maternal Diabetes	44877-9
Z5193	Smoking	64234-8
Z5194	Family Hx Neural Tube Defect	8670-2

Z5195	Family History of Aneuploidy	32435-0
Z5196	Specimen	19151-0
Z5197	Crown Rump Length	11957-8
Z5198	Crown Rump Length, Twin B	11957-8
Z5199	Sonographer Certification Number	49089-6
Z5200	Sonographer Name	49088-8
Z5201	Ultrasound Date	34970-4
Z5202	EER Maternal Serum, Integrated, Sp2	11526-1