MAYO CLINIC LABORATORIES

Test Definition: FFMSS

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

Overview

Useful For

First-trimester screening test for trisomy 21 (Down syndrome), trisomy 18, and open neural tube defects

Profile Information

Test Id	Reporting Name	Available Separately	Always Performed
FPAIN	Patient Information	No	Yes
FMAS1	Maternal Screen INT-1	No	Yes

Special Instructions

- Maternal Serum Testing Patient History Form

Method Name

Quantitative Chemiluminescent Immunoassay

NY State Available

Yes

Specimen

Specimen Type

Serum

Specimen Required

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.

Collection Container/Tube:
Preferred: Red top
Acceptable: Serum gel
Submission Container/Tube: Plastic vial
Specimen Volume: 0.5 mL
Collection Instructions:
1. Draw blood in a plain red-top tube(s), serum gel tube(s) is acceptable.
2. Within 2 hours of collection, centrifuge and aliquot serum into a plastic vial.
3. Ship refrigerate.

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 an 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 are required. NT must be measured when the CRL is between 38-83.9mm. The NT measurement must be performed by an ultrasonographer that is certified by the Fetal Medicine Foundation (FMF).
OR
If no NT measurement is performed: a due date or CRL measurement with the date of ultrasound is required.

See the PATIENT HISTORY FOR MATERNAL SERUM TESTING form.

Specimen Minimum Volume
0.3 mL

Reject Due To

Gross 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

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.

Interpretation
The first specimen of an integrated Maternal Serum Screening is used to measure PAPP-A. A second sample must be

submitted for a final interpretive report. Acceptable date ranges to draw the second samples will be provided in the Integrated-1 report. Final interpretive report will be available when the second specimen test results are complete.

Performance

PDF Report
No

Day(s) Performed
Sunday through Saturday

Report Available
4 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
84163

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
FFMSS	Maternal Serum Screen INT, Sp-1	Not Provided

Result ID	Test Result Name	Result LOINC® Value
Z5959	Nuchal Translucency (NT)	12146-7
Z5960	Nuchal Translucency (NT), Twin B	12146-7
Z5961	Maternal Screen Interpretation	49586-1
Z5962	Maternal Age At Delivery	21612-7
Z5963	Maternal Weight	29463-7
Z5964	Estimated Due Date	11778-8
Z5965	Gestational Age Calculated at Coll.	18185-9

Z5966	Dating	21299-3
Z5967	Number of Fetuses	11878-6
Z5968	Maternal Race	21484-1
Z5969	Smoking	64234-8
Z5970	Family History of Aneuploidy	32435-0
Z5971	Specimen	19151-0
Z5972	Crown Rump Length	11957-8
Z5973	Crown Rump Length, Twin B	11957-8
Z5974	Sonographer Certification Number	49089-6
Z5975	Sonographer Name	49088-8
Z5976	Ultrasound Date	34970-4
Z5977	Best date to draw sample nmb 2 by	33882-2
Z5978	EER Maternal Serum, Integrated, Sp1	11526-1
Z5958	PAPP-A Maternal	48407-1