

**Reporting Title:** MaterniT21 Plus  
**Performing Location:** Sequenom Center for Molecular Medicine LLC

**Specimen Requirements:**  
**\*\*NOTE:** Completed Sequenom Test Requisition form is required  
**A Core Option must be marked on TRF under MaterniT 21 PLUS test**  
**If nothing indicated by client, mark option- Core (chr 21, 18, 13, sex)**

**Preferred evacuated tube:** (1)10 mL Streck tube kit (MCL supply number T715).  
**Absolute minimum collection for analysis:** (1) 10 mL in Streck tube  
**Collection instructions:** Draw 1 tube of blood, 10 mL in special Streck tube kit (MCL supply number T715). Ship ambient.

- REQUIRED:**
- 1. Specimen **MUST** be received at MCL within 72 hours of collection.
  - 2. Specimen collected **NOT** less than 9 weeks of gestation
  - 3. Sequenom collection kit (MCL Supply T715)
  - 4. Completed Sequenom Test Requisition form
  - 5. Maternal Height (inches)
  - 6. Maternal Weight (pounds)
  - 7. Gestational Age (weeks)
  - 8. Gestational Age (days)
  - 9. Gestation (Number of fetuses)
  - 10. Increased risk due to

Specimen Type	Temperature	Time	Special Container
WB Streck	Ambient	7 days	Streck Black/Tan top

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

Test ID	Question ID	Description	Type	Reportable
FMT21	Z3731	Maternal Height (inches)	Plain Text	Yes
FMT21	Z3732	Maternal Weight (pounds)	Plain Text	Yes
FMT21	Z3733	Gestational age (weeks)	Plain Text	Yes
FMT21	Z3734	Gestational age (days)	Plain Text	Yes
FMT21	Z3735	Method determining gestational age	Plain Text	Yes
FMT21	Z3736	Number of fetuses	Plain Text	Yes
FMT21	Z3737	Increased risk due to	Plain Text	Yes

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
Z3738	Result	Alphanumeric		Not Provided

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

**Supplemental Report:**

Referral

**CPT Code Information:**

81420

**Reference Values:**

A final report will be provided