TEST CHANGE

Maternal Serum Screen, First Trimester, hCG, PAPP-A, NT

3000145, MS FTS

Specimen Requirements:	
Patient Preparation:	Specimen must be drawn between 11 weeks, 0 days and 13 weeks, 6 days gestation. (Crown-rump length (CRL) must be between 43-83.9 mm at time of specimen collection.)
Collect:	Serum separator tube (SST) or plain red.
Specimen Preparation:	Separate from cells ASAP or within 2 hours of collection. Transfer 3 mL serum to an ARUP standard transport tube. (Min: 1 mL)
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	Plasma. Hemolyzed specimens.
Remarks:	Submit with Order: Patient's date of birth, current weight, number of fetuses present, patient's race, if the patient has had a previous pregnancy with a trisomy, if the patient is currently smoking, if this is a repeat sample, and the age of the egg donor if in vitro fertilization. In addition to the above: 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 38-83.9 mm. The NT measurement must also be performed by an ultrasonographer that is certified by the Fetal Medicine Foundation (FMF). To avoid possible test delays for an ultrasonographer that is new to our database, please contact a genetic counselor at 800-242-2787 extension 2141 prior to sending specimen. If an NT is unobtainable, order Maternal Serum Screening, Integrated (ARUP test codes 3000147 (collect in first trimester) and 3000149 (collect in second trimester), which can be interpreted without an NT value.
Stability:	After separation from cells: Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: 1 year (Avoid repeated freeze/thaw cycles.)
Methodology:	Quantitative Chemiluminescent Immunoassay (CLIA)
Performed:	Sun-Sat
Reported:	2-4 days

Note:	This test does not screen for open neural tube defect (ONTD). This test is used to screen for fetal risk of Down syndrome (trisomy 21) and trisomy 18.
CPT Codes:	81508
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Refer to report.	
Reference Interval:	
By report	

HOTLINE NOTE: There is a component change associated with this test. One or more components have been added or removed. Refer to the Hotline Test Mix for interface build information.