

### Update Notes

### Update Summary

Inactivate Test With Replacement	8/23/2022	<a href="#">FI1NT - "Full Integrated Screen Part 1 (With NT)"</a> replaced by <a href="#">FINT1 - "Full Integrated Screen Part 1 (With NT)"</a>
Inactivate Test With Replacement	8/23/2022	<a href="#">FI2NT - "Full Integrated Screen Part 2 (With NT)"</a> replaced by <a href="#">FINT2 - "Full Integrated Screen Part 2 (With NT)"</a>
Inactivate Test With Replacement	8/23/2022	<a href="#">FTS - "First Trimester Screen"</a> replaced by <a href="#">FTS1 - "First Trimester Screen"</a>
Inactivate Test With Replacement	8/23/2022	<a href="#">MSAFP - "MATERNAL SCR ALPHA-FETOPROTEIN"</a> replaced by <a href="#">MAFP1 - "MSAFP (AFP Single Marker - NTD only)"</a>
Inactivate Test With Replacement	8/23/2022	<a href="#">QUAD - "QUAD - GROUP"</a> replaced by <a href="#">QUAD1 - "QUAD Screen"</a>
Inactivate Test With Replacement	8/23/2022	<a href="#">SI1 - "Serum Integrated Screen Part 1 (No NT)"</a> replaced by <a href="#">INTG1 - "Serum Integrated Screen Part 1 (No NT)"</a>
Inactivate Test With Replacement	8/23/2022	<a href="#">SI2 - "Serum Integrated Screen Part 2 (No NT)"</a> replaced by <a href="#">INTG2 - "Serum Integrated Screen Part 2 (No NT)"</a>
Inactivate Test With Replacement	8/23/2022	<a href="#">SS1 - "Sequential Screen Part 1"</a> replaced by <a href="#">SEQ1 - "Sequential Screen Part 1"</a>
Inactivate Test With Replacement	8/23/2022	<a href="#">SS2 - "Sequential Screen Part 2"</a> replaced by <a href="#">SEQ2 - "Sequential Screen Part 2"</a>

Inactivate Test With Replacement	
<b>Effective Date</b>	8/23/2022
Inactivated Test	
<b>Name</b>	Full Integrated Screen Part 1 (With NT)
<b>Code</b>	F11NT
<b>Legacy Code<sup>1</sup></b>	INTONENIN
<b>Interface Order Code</b>	3024700
<b>Notes</b>	
Replacement Test	
<b>Name</b>	Full Integrated Screen Part 1 (With NT)
<b>Code</b>	FINT1
<b>CPT Code(s)</b>	84163
<b>Notes</b>	
Specimen Requirements	
<b>Specimen Required</b>	<p><i>Patient Preparation:</i> Collect specimen between CRL 32 mm and CRL 79.9 mm.</p> <p><i>Collect:</i> Red top</p> <p><i>Specimen Preparation:</i> Centrifuge, separate serum from cells within 2 hours of collection and send 1.0 mL serum in a screw capped plastic vial. Prenatal Screening information required at Order Entry. Please send completed Prenatal Screen Information sheet with each specimen if unable to transmit required responses.</p> <p><i>Minimum Volume:</i> 0.6 mL</p> <p><i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	Serum separator tube (SST)
<b>Rejection Criteria</b>	Moderately hemolyzed, lipemic, or icteric specimens; plasma
<b>Stability</b>	Room temperature: 5 days Refrigerated: 7 days Frozen: 60 days
Performing Information	
<b>Methodology</b>	Chemiluminescence
<b>Reference Range</b>	See report

<b>Performed Days</b>	Monday - Friday		
<b>Turnaround Time</b>	1 - 3 days		
<b>Performing Laboratory</b>	Warde Medical Laboratory		
<b>Interface Information</b>			
<b>Legacy Code<sup>1</sup></b>	FINT1		
<b>Interface Order Code</b>	3000350		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt<sup>2</sup> *Required</b>
3000372	Physician Phone Number	68340-9	Yes
3000373	Notes to Laboratory	68560-2	Yes
3000361	Weight (lbs)	29463-7	Yes*
3000362	Race <i>Acceptable Prompt Responses:</i> White Black Hispanic Other Not Provided	21484-1	Yes
3000363	Insulin Dependent Diabetic? <i>Acceptable Prompt Responses:</i> No Yes Not Provided	44877-9	Yes
3000364	Does Patient Currently Smoke Cigarettes? <i>Acceptable Prompt Responses:</i> No Yes Not Provided	64234-8	Yes
3000369	Previous Pregnancy w/ Neural Tube Defect? <i>Acceptable Prompt Responses:</i> No Yes Not Provided	53827-2	Yes
3000370	Previous Down syndrome Pregnancy? <i>Acceptable Prompt Responses:</i> No Yes Not Provided	53826-4	Yes
3000371	IVF Pregnancy? <i>Acceptable Prompt Responses:</i> No Yes Not Provided	47224-1	Yes
3000374	CRL Scan Date (MM/DD/YYYY)	34970-4	Yes*
3000375	CRL	11957-8	Yes*
3000376	NT	12146-7	Yes*

3000377	Number of Fetuses <b>Acceptable Prompt Responses:</b> Single Twins	55281-0	Yes
3000378	Sonographer Code	Not available	Yes*
3000379	Nasal Bone? <b>Acceptable Prompt Responses:</b> Present Absent Not Reported	96426-2	Yes
3000365	Repeat Screen for Current Pregnancy? <b>Acceptable Prompt Responses:</b> No Yes	Not available	Yes
3000381	CRL Twin B	11957-8	Yes
3000382	NT Twin B	12146-7	Yes
3000383	Chorionic Sacs <b>Acceptable Prompt Responses:</b> Monochorionic Dichorionic	92568-5	Yes
3000384	Nasal Bone Twin B? <b>Acceptable Prompt Responses:</b> Present Absent Not Reported	53697-9	Yes
3024700	Interpretation	75365-7	No

Inactivate Test With Replacement	
<b>Effective Date</b>	8/23/2022
Inactivated Test	
<b>Name</b>	Full Integrated Screen Part 2 (With NT)
<b>Code</b>	F12NT
<b>Legacy Code<sup>1</sup></b>	F12NT
<b>Interface Order Code</b>	3026000
<b>Notes</b>	
Replacement Test	
<b>Name</b>	Full Integrated Screen Part 2 (With NT)
<b>Code</b>	FINT2
<b>CPT Code(s)</b>	81511 (or 82105, 82677, 84702, 86336)
<b>Notes</b>	
Specimen Requirements	
<b>Specimen Required</b>	<p><i>Patient Preparation:</i> Collect sample between 15 weeks 0 days and 22 weeks 6 days gestation.</p> <p><i>Collect:</i> Red top</p> <p><i>Specimen Preparation:</i> Centrifuge, separate serum from cells within 2 hours of collection and send 1.0 mL serum in a screw capped plastic vial. Prenatal Screening information required at Order Entry. Please send completed Prenatal Screen Information sheet with each specimen if unable to transmit required responses.</p> <p><i>Minimum Volume:</i> 0.6 mL</p> <p><i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	Serum separator tube (SST)
<b>Rejection Criteria</b>	Moderately hemolyzed specimens, lipemic specimens, plasma
<b>Stability</b>	Room temperature: 7 days Refrigerated: 7 days Frozen: 60 days
Performing Information	
<b>Methodology</b>	Chemiluminescence
<b>Reference Range</b>	See report

<b>Performed Days</b>	Monday - Friday		
<b>Turnaround Time</b>	1 - 3 days		
<b>Performing Laboratory</b>	Warde Medical Laboratory		
<b>Interface Information</b>			
<b>Legacy Code<sup>1</sup></b>	FINT2		
<b>Interface Order Code</b>	3000351		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt<sup>2</sup> *Required</b>
3000372	Physician Phone Number	68340-9	Yes
3000373	Notes to Laboratory	68560-2	Yes
3000361	Weight (lbs)	29463-7	Yes*
3026110	Screen Result	49586-1	No
3026120	Age at EDD (years)	43993-5	No
3026130	1st Sample Date	33882-2	No
3026140	GA (weeks)	49051-6	No
3026150	GA (days)	49052-4	No
3026160	2nd Sample Date	51953-8	No
3026170	GA (weeks)	49051-6	No
3026180	GA (days)	49052-4	No
3026190	Weight (lbs)	29463-7	No
3026200	Multiple Gestation	11878-6	No
3026210	Ethnic Origin	21484-1	No
3026220	IDDM	44877-9	No
3026225	Smoker	64234-8	No
3026230	AFP	83073-7	No
3026240	uE3	2250-9	No
3026250	hCG	83086-9	No
3026260	Inhibin-A	23883-2	No
3026280	NT	12146-7	No
3026270	PAPP-A	48407-1	No
3026290	Nasal Bone	96426-2	No
3026300	AFP MOM	23811-3	No
3026310	UE3 MOM	21264-7	No
3026320	HCG MOM	23841-0	No
3026330	INH MOM	36904-1	No
3026350	NT MOM	49035-9	No
3026340	PAPP-A MOM	76348-2	No
3026360	Down Syndrome Risk	43995-0	No
3026370	Maternal Age Risk for Down	49090-4	No
3026380	Trisomy 18 Risk	43994-3	No
3026385	GA Method	21299-3	No
3026390	Interpretation	75365-7	No

Inactivate Test With Replacement	
<b>Effective Date</b>	8/23/2022
Inactivated Test	
<b>Name</b>	First Trimester Screen
<b>Code</b>	FTS
<b>Legacy Code<sup>1</sup></b>	FTSN
<b>Interface Order Code</b>	3024000
<b>Notes</b>	
Replacement Test	
<b>Name</b>	First Trimester Screen
<b>Code</b>	FTS1
<b>CPT Code(s)</b>	81508 (or 84163, 84702)
<b>Notes</b>	
Specimen Requirements	
<b>Specimen Required</b>	<p><i>Specimen Preparation:</i> Collect sample between CRL 42 mm and CRL 79.9 mm.</p> <p><i>Collect:</i> Red top</p> <p><i>Specimen Preparation:</i> Centrifuge, separate serum from cells within 2 hours of collection and send 1.0 mL serum in a screw capped plastic vial. Prenatal Screening information required at Order Entry. Please send completed Prenatal Screen Information sheet with each specimen if unable to transmit required responses.</p> <p><i>Minimum Volume:</i> 0.6 mL</p> <p><i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	Serum separator tube (SST)
<b>Rejection Criteria</b>	Moderately hemolyzed, lipemic, icteric, plasma
<b>Stability</b>	Room temperature: 5 days Refrigerated: 7 days Frozen: 60 days
Performing Information	
<b>Methodology</b>	Chemiluminescence
<b>Reference Range</b>	See report

<b>Performed Days</b>	Monday - Friday		
<b>Turnaround Time</b>	1 - 3 days		
<b>Performing Laboratory</b>	Warde Medical Laboratory		
<b>Interface Information</b>			
<b>Legacy Code<sup>1</sup></b>	FTS1		
<b>Interface Order Code</b>	3000352		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt<sup>2</sup> *Required</b>
3000372	Physician Phone Number	68340-9	Yes
3000373	Notes to Laboratory	68560-2	Yes
3000361	Weight (lbs)	29463-7	Yes*
3000362	Race <i>Acceptable Prompt Responses:</i> White Black Hispanic Other Not Provided	21484-1	Yes
3000363	Insulin Dependent Diabetic? <i>Acceptable Prompt Responses:</i> No Yes Not Provided	44877-9	Yes
3000364	Does Patient Currently Smoke Cigarettes? <i>Acceptable Prompt Responses:</i> No Yes Not Provided	64234-8	Yes
3000369	Previous Pregnancy w/ Neural Tube Defect? <i>Acceptable Prompt Responses:</i> No Yes Not Provided	53827-2	Yes
3000370	Previous Down syndrome Pregnancy? <i>Acceptable Prompt Responses:</i> No Yes Not Provided	53826-4	Yes
3000371	IVF Pregnancy? <i>Acceptable Prompt Responses:</i> No Yes Not Provided	47224-1	Yes
3000374	CRL Scan Date (MM/DD/YYYY)	34970-4	Yes*
3000375	CRL	11957-8	Yes*
3000376	NT	12146-7	Yes*



3000377	Number of Fetuses <b>Acceptable Prompt Responses:</b> Single Twins	55281-0	Yes
3000378	Sonographer Code	Not available	Yes*
3000379	Nasal Bone? <b>Acceptable Prompt Responses:</b> Present Absent Not Reported	96426-2	Yes
3000365	Repeat Screen for Current Pregnancy? <b>Acceptable Prompt Responses:</b> No Yes	Not available	Yes
3000381	CRL Twin B	11957-8	Yes
3000382	NT Twin B	12146-7	Yes
3000383	Chorionic Sacs <b>Acceptable Prompt Responses:</b> Monochorionic Dichorionic	92568-5	Yes
3000384	Nasal Bone Twin B? <b>Acceptable Prompt Responses:</b> Present Absent Not Reported	53697-9	Yes
3024010	Screen Result	50679-0	No
3024020	Age at EDD (years)	43993-5	No
3024030	GA (weeks)	49051-6	No
3024040	GA (days)	49052-4	No
3024050	Ultrasound Date	34970-4	No
3024060	CRL	11957-8	No
3024080	Nasal Bone	96426-2	No
3024100	Weight (lbs)	29463-7	No
3024110	Multiple Gestation	11878-6	No
3024120	Ethnic Origin	21484-1	No
3024130	IDDM	44877-9	No
3024135	Smoker	64234-8	No
3024140	NT	12146-7	No
3024170	PAPP-A	48407-1	No
3024160	hCG	21198-7	No
3024180	NT MOM	49035-9	No
3024205	PAPP-A MOM	76348-2	No
3024200	HCG MOM	55868-4	No
3024220	Down Syndrome Risk	43995-0	No
3024230	Maternal Age Risk for Down	49090-4	No
3024210	Trisomy 18 Risk	43994-3	No
3024250	Interpretation	49588-7	No

Inactivate Test With Replacement	
<b>Effective Date</b>	8/23/2022
Inactivated Test	
<b>Name</b>	MATERNAL SCR ALPHA-FETOPROTEIN
<b>Code</b>	MSAFP
<b>Legacy Code<sup>1</sup></b>	MSAFPN
<b>Interface Order Code</b>	3028300
<b>Notes</b>	
Replacement Test	
<b>Name</b>	MSAFP (AFP Single Marker - NTD only)
<b>Code</b>	MAFP1
<b>CPT Code(s)</b>	82105
<b>Notes</b>	
Specimen Requirements	
<b>Specimen Required</b>	<p><i>Patient Preparation:</i> Collect sample between 15 weeks 0 days and 22 weeks 6 days gestation.</p> <p><i>Collect:</i> Red top</p> <p><i>Specimen Preparation:</i> Centrifuge, separate serum from cells within 2 hours of collection and send 1.0 mL serum in a screw capped plastic vial. Prenatal Screening information required at Order Entry. Please send completed Prenatal Screen Information sheet with each specimen if unable to transmit required responses.</p> <p><i>Minimum Volume:</i> 0.6 mL</p> <p><i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	Serum separator tube (SST)
<b>Rejection Criteria</b>	Moderately hemolyzed, lipemic or icteric specimens; plasma
<b>Stability</b>	Room temperature: 7 days Refrigerated: 7 days Frozen: 60 days
Performing Information	

<b>Methodology</b>	Chemiluminescence		
<b>Reference Range</b>	See report		
<b>Performed Days</b>	Monday - Friday		
<b>Turnaround Time</b>	1 - 3 days		
<b>Performing Laboratory</b>	Warde Medical Laboratory		
<b>Interface Information</b>			
<b>Legacy Code<sup>1</sup></b>	MAFP1		
<b>Interface Order Code</b>	3000355		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt<sup>2</sup> *Required</b>
3000372	Physician Phone Number	68340-9	Yes
3000373	Notes to Laboratory	68560-2	Yes
3000361	Weight (lbs)	29463-7	Yes*
3000366	Expected Due Date (MM/DD/YYYY)	Not available	Yes*
3000367	Expected Due Date Based On? <i>Acceptable Prompt Responses:</i> Ultrasound LMP Not Sure	Not available	Yes
3000368	Twin Pregnancy? <i>Acceptable Prompt Responses:</i> No - Singleton Yes - Twins	55281-0	Yes
3000362	Race <i>Acceptable Prompt Responses:</i> White Black Hispanic Other Not Provided	21484-1	Yes
3000363	Insulin Dependent Diabetic? <i>Acceptable Prompt Responses:</i> No Yes Not Provided	44877-9	Yes
3000364	Does Patient Currently Smoke Cigarettes? <i>Acceptable Prompt Responses:</i> No Yes Not Provided	64234-8	Yes
3000365	Repeat Screen for Current Pregnancy? <i>Acceptable Prompt Responses:</i> No Yes	Not available	Yes
3000369	Previous Pregnancy w/ Neural Tube Defect? <i>Acceptable Prompt Responses:</i> No Yes Not Provided	53827-2	Yes

3000371	IVF Pregnancy? <i>Acceptable Prompt Responses:</i> No Yes Not Provided	47224-1	Yes
3028310	Screen Result	Not available	No
3028320	Age at EDD (years)	43993-5	No
3028330	GA (weeks)	49051-6	No
3028340	GA (days)	49052-4	No
3028350	Weight (lbs)	29463-7	No
3028360	Multiple Gestation	55281-0	No
3028370	Ethnic Origin	21484-1	No
3028380	IDDM	44877-9	No
3028385	Smoker	64234-8	No
3028390	AFP	83073-7	No
3028400	AFP MOM	23811-3	No
3028410	GA Method	21299-3	No
3028420	Interpretation	Not available	No

Inactivate Test With Replacement	
<b>Effective Date</b>	8/23/2022
Inactivated Test	
<b>Name</b>	QUAD - GROUP
<b>Code</b>	QUAD
<b>Legacy Code<sup>1</sup></b>	QUAD
<b>Interface Order Code</b>	3028000
<b>Notes</b>	
Replacement Test	
<b>Name</b>	QUAD Screen
<b>Code</b>	QUAD1
<b>CPT Code(s)</b>	81511 (or 82105, 82677, 84702, 86336)
<b>Notes</b>	
Specimen Requirements	
<b>Specimen Required</b>	<p><i>Patient Preparation:</i> Collect sample between 15 weeks 0 days and 22 weeks 6 days gestation.</p> <p><i>Collect:</i> Red top</p> <p><i>Specimen Preparation:</i> Centrifuge, separate serum from cells within 2 hours of collection and send 1.0 mL serum in a screw capped plastic vial. Prenatal Screening information required at Order Entry. Please send completed Prenatal Screen Information sheet with each specimen if unable to transmit required responses.</p> <p><i>Minimum Volume:</i> 0.6 mL</p> <p><i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	Serum separator tube (SST)
<b>Rejection Criteria</b>	Moderately hemolyzed, lipemic or icteric specimens; plasma
<b>Stability</b>	Room temperature: 7 days Refrigerated: 7 days Frozen: 60 days
Performing Information	
<b>Methodology</b>	Chemiluminescence
<b>Reference Range</b>	See report

<b>Performed Days</b>	Monday - Friday		
<b>Turnaround Time</b>	1 - 3 days		
<b>Performing Laboratory</b>	Warde Medical Laboratory		
<b>Interface Information</b>			
<b>Legacy Code<sup>1</sup></b>	QUAD1		
<b>Interface Order Code</b>	3000356		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt<sup>2</sup> *Required</b>
3000372	Physician Phone Number	68340-9	Yes
3000373	Notes to Laboratory	68560-2	Yes
3000361	Weight (lbs)	29463-7	Yes*
3000366	Expected Due Date (MM/DD/YYYY)	Not available	Yes*
3000367	Expected Due Date Based On? <b>Acceptable Prompt Responses:</b> <i>Ultrasound</i> <i>LMP</i> <i>Not Sure</i>	Not available	Yes
3000368	Twin Pregnancy? <b>Acceptable Prompt Responses:</b> <i>No - Singleton</i> <i>Yes - Twins</i>	55281-0	Yes
3000362	Race <b>Acceptable Prompt Responses:</b> <i>White</i> <i>Black</i> <i>Hispanic</i> <i>Other</i> <i>Not Provided</i>	21484-1	Yes
3000363	Insulin Dependent Diabetic? <b>Acceptable Prompt Responses:</b> <i>No</i> <i>Yes</i> <i>Not Provided</i>	44877-9	Yes
3000364	Does Patient Currently Smoke Cigarettes? <b>Acceptable Prompt Responses:</b> <i>No</i> <i>Yes</i> <i>Not Provided</i>	64234-8	Yes
3000365	Repeat Screen for Current Pregnancy? <b>Acceptable Prompt Responses:</b> <i>No</i> <i>Yes</i>	Not available	Yes
3000369	Previous Pregnancy w/ Neural Tube Defect? <b>Acceptable Prompt Responses:</b> <i>No</i> <i>Yes</i> <i>Not Provided</i>	53827-2	Yes
3000370	Previous Down syndrome Pregnancy? <b>Acceptable Prompt Responses:</b> <i>No</i> <i>Yes</i> <i>Not Provided</i>	53826-4	Yes

3000371	IVF Pregnancy? <i>Acceptable Prompt Responses:</i> No Yes Not Provided	47224-1	Yes
3028010	Screen Result	48800-7	No
3028020	Age at EDD (years)	43993-5	No
3028030	GA (weeks)	49051-6	No
3028040	GA (days)	49052-4	No
3028050	Weight (lbs)	29463-7	No
3028060	Multiple Gestation	55281-0	No
3028070	Ethnic Origin	21484-1	No
3028080	IDDM	44877-9	No
3028085	Smoker	64234-8	No
3028090	AFP	83073-7	No
3028100	uE3	2250-9	No
3028110	hCG	83086-9	No
3028120	Inhibin-A	23883-2	No
3028130	AFP MOM	23811-3	No
3028140	UE3 MOM	21264-7	No
3028150	HCG MOM	23841-0	No
3028160	INH MOM	36904-1	No
3028170	Down Syndrome Risk	43995-0	No
3028180	Maternal Age Risk for Down	49090-4	No
3028190	Trisomy 18 Risk	43994-3	No
3028200	GA Method	21299-3	No
3028210	Interpretation	49092-0	No

Inactivate Test With Replacement	
<b>Effective Date</b>	8/23/2022
Inactivated Test	
<b>Name</b>	Serum Integrated Screen Part 1 (No NT)
<b>Code</b>	SI1
<b>Legacy Code<sup>1</sup></b>	INTONEN
<b>Interface Order Code</b>	3024750
<b>Notes</b>	
Replacement Test	
<b>Name</b>	Serum Integrated Screen Part 1 (No NT)
<b>Code</b>	INTG1
<b>CPT Code(s)</b>	84163
<b>Notes</b>	
Specimen Requirements	
<b>Specimen Required</b>	<p><i>Patient Preparation:</i> Collect sample between 10 weeks 0 days and 13 weeks 6 days gestation.</p> <p><i>Collect:</i> Red top</p> <p><i>Specimen Preparation:</i> Centrifuge, separate serum from cells within 2 hours of collection and send 1.0 mL serum in a screw capped plastic vial. Prenatal Screening information required at Order Entry. Please send completed Prenatal Screen Information sheet with each specimen if unable to transmit required responses.</p> <p><i>Minimum Volume:</i> 0.6 mL</p> <p><i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	Serum separator tube (SST)
<b>Rejection Criteria</b>	Moderately hemolyzed, lipemic or icteric specimens; plasma
<b>Stability</b>	Room temperature: 5 days Refrigerated: 7 days Frozen: 60 days
Performing Information	
<b>Methodology</b>	Chemiluminescence



<b>Reference Range</b>	See report		
<b>Performed Days</b>	Monday - Friday		
<b>Turnaround Time</b>	1 - 3 days		
<b>Performing Laboratory</b>	Warde Medical Laboratory		
<b>Interface Information</b>			
<b>Legacy Code<sup>1</sup></b>	INTG1		
<b>Interface Order Code</b>	3000353		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt<sup>2</sup> *Required</b>
3000372	Physician Phone Number	68340-9	Yes
3000373	Notes to Laboratory	68560-2	Yes
3000361	Weight (lbs)	29463-7	Yes*
3000366	Expected Due Date (MM/DD/YYYY)	Not available	Yes*
3000367	Expected Due Date Based On? <i>Acceptable Prompt Responses:</i> Ultrasound LMP Not Sure	Not available	Yes
3000368	Twin Pregnancy? <i>Acceptable Prompt Responses:</i> No - Singleton Yes - Twins	55281-0	Yes
3000362	Race <i>Acceptable Prompt Responses:</i> White Black Hispanic Other Not Provided	21484-1	Yes
3000363	Insulin Dependent Diabetic? <i>Acceptable Prompt Responses:</i> No Yes Not Provided	44877-9	Yes
3000364	Does Patient Currently Smoke Cigarettes? <i>Acceptable Prompt Responses:</i> No Yes Not Provided	64234-8	Yes
3000365	Repeat Screen for Current Pregnancy? <i>Acceptable Prompt Responses:</i> No Yes	Not available	Yes
3000369	Previous Pregnancy w/ Neural Tube Defect? <i>Acceptable Prompt Responses:</i> No Yes Not Provided	53827-2	Yes

3000370	Previous Down syndrome Pregnancy? <b>Acceptable Prompt Responses:</b> No Yes Not Provided	53826-4	Yes
3000371	IVF Pregnancy? <b>Acceptable Prompt Responses:</b> No Yes Not Provided	47224-1	Yes
3024750	Interpretation	75365-7	No

Inactivate Test With Replacement	
<b>Effective Date</b>	8/23/2022
Inactivated Test	
<b>Name</b>	Serum Integrated Screen Part 2 (No NT)
<b>Code</b>	SI2
<b>Legacy Code<sup>1</sup></b>	SI2
<b>Interface Order Code</b>	3024800
<b>Notes</b>	
Replacement Test	
<b>Name</b>	Serum Integrated Screen Part 2 (No NT)
<b>Code</b>	INTG2
<b>CPT Code(s)</b>	81511 (or 82105, 82677, 84702, 86336)
<b>Notes</b>	
Specimen Requirements	
<b>Specimen Required</b>	<p><i>Patient Preparation:</i> Collect sample between 15 weeks 0 days and 22 weeks 6 days gestation.</p> <p><i>Collect:</i> Red top</p> <p><i>Specimen Preparation:</i> Centrifuge, separate serum from cells within 2 hours of collection and send 1.0 mL serum in a screw capped plastic vial. Prenatal Screening information required at Order Entry. Please send completed Prenatal Screen Information sheet with each specimen if unable to transmit required responses.</p> <p><i>Minimum Volume:</i> 0.6 mL</p> <p><i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	Serum separator tube (SST)
<b>Rejection Criteria</b>	Moderately hemolyzed, lipemic or icteric specimens; plasma
<b>Stability</b>	Room temperature: 7 days Refrigerated: 7 days Frozen: 60 days
Performing Information	

<b>Methodology</b>	Chemiluminescence		
<b>Reference Range</b>	See report		
<b>Performed Days</b>	Monday - Friday		
<b>Turnaround Time</b>	1 - 3 days		
<b>Performing Laboratory</b>	Warde Medical Laboratory		
<b>Interface Information</b>			
<b>Legacy Code<sup>1</sup></b>	INTG2		
<b>Interface Order Code</b>	3000354		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt<sup>2</sup> *Required</b>
3000372	Physician Phone Number	68340-9	Yes
3000373	Notes to Laboratory	68560-2	Yes
3000361	Weight (lbs)	29463-7	Yes*
3024810	Screen Result	49586-1	No
3024820	Age at EDD (years)	43993-5	No
3024830	1st Sample Date	33882-2	No
3024840	GA (weeks)	49051-6	No
3024850	GA (days)	49052-4	No
3094860	2nd Sample Date	51953-8	No
3024870	GA (weeks)	49051-6	No
3094880	GA (days)	49052-4	No
3094890	Weight (lbs)	29463-7	No
3094900	Multiple Gestation	55281-0	No
3094910	Ethnic Origin	21484-1	No
3094920	IDDM	44877-9	No
3094925	Smoker	64234-8	No
3094930	AFP	83073-7	No
3094940	uE3	2250-9	No
3094950	hCG	83086-9	No
3094960	Inhibin-A	23883-2	No
3094970	PAPP-A	48407-1	No
3094980	AFP MOM	23811-3	No
3094990	UE3 MOM	21264-7	No
3095000	HCG MOM	23841-0	No
3095010	INH MOM	36904-1	No
3095020	PAPP-A MOM	76348-2	No
3095030	Down Syndrome Risk	43995-0	No
3095040	Maternal Age Risk for Down	49090-4	No
3095050	Trisomy 18 Risk	43994-3	No
3095060	GA Method	21299-3	No
3095070	Interpretation	75365-7	No

Inactivate Test With Replacement	
<b>Effective Date</b>	8/23/2022
Inactivated Test	
<b>Name</b>	Sequential Screen Part 1
<b>Code</b>	SS1
<b>Legacy Code<sup>1</sup></b>	SS1
<b>Interface Order Code</b>	3024400
<b>Notes</b>	
Replacement Test	
<b>Name</b>	Sequential Screen Part 1
<b>Code</b>	SEQ1
<b>CPT Code(s)</b>	81508 (or 84163, 84702)
<b>Notes</b>	
Specimen Requirements	
<b>Specimen Required</b>	<p><i>Patient Preparation:</i> Collect specimen between CRL 36 mm and CRL 79.9 mm.</p> <p><i>Collect:</i> Red top</p> <p><i>Specimen Preparation:</i> Centrifuge, separate serum from cells within 2 hours of collection and send 1.0 mL serum in a screw capped plastic vial. Prenatal Screening information required at Order Entry. Please send completed Prenatal Screen Information sheet with each specimen if unable to transmit required responses.</p> <p><i>Minimum Volume:</i> 0.6 mL</p> <p><i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	Serum separator tube (SST)
<b>Rejection Criteria</b>	Moderately hemolyzed, lipemic or icteric specimens; plasma
<b>Stability</b>	Room temperature: 5 days Refrigerated: 7 days Frozen: 60 days
Performing Information	
<b>Methodology</b>	Chemiluminescence

<b>Reference Range</b>	See report		
<b>Performed Days</b>	Monday - Friday		
<b>Turnaround Time</b>	1 – 3 days		
<b>Performing Laboratory</b>	Warde Medical Laboratory		
<b>Interface Information</b>			
<b>Legacy Code<sup>1</sup></b>	SEQ1		
<b>Interface Order Code</b>	3000357		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt<sup>2</sup> *Required</b>
3000372	Physician Phone Number	68340-9	Yes
3000373	Notes to Laboratory	68560-2	Yes
3000361	Weight (lbs)	29463-7	Yes*
3000362	Race <i>Acceptable Prompt Responses:</i> White Black Hispanic Other Not Provided	21484-1	Yes
3000363	Insulin Dependent Diabetic? <i>Acceptable Prompt Responses:</i> No Yes Not Provided	44877-9	Yes
3000364	Does Patient Currently Smoke Cigarettes? <i>Acceptable Prompt Responses:</i> No Yes Not Provided	64234-8	Yes
3000369	Previous Pregnancy w/ Neural Tube Defect? <i>Acceptable Prompt Responses:</i> No Yes Not Provided	53827-2	Yes
3000370	Previous Down syndrome Pregnancy? <i>Acceptable Prompt Responses:</i> No Yes Not Provided	53826-4	Yes
3000371	IVF Pregnancy? <i>Acceptable Prompt Responses:</i> No Yes Not Provided	47224-1	Yes
3000374	CRL Scan Date (MM/DD/YYYY)	34970-4	Yes*
3000375	CRL	11957-8	Yes*
3000376	NT	12146-7	Yes*
3000377	Number of Fetuses <i>Acceptable Prompt Responses:</i> Single Twins	55281-0	Yes

3000378	Sonographer Code	Not available	Yes*
3000379	Nasal Bone? <b>Acceptable Prompt Responses:</b> Present Absent Not Reported	96426-2	Yes
3000365	Repeat Screen for Current Pregnancy? <b>Acceptable Prompt Responses:</b> No Yes	Not available	Yes
3000381	CRL Twin B	11957-8	Yes
3000382	NT Twin B	12146-7	Yes
3000383	Chorionic Sacs <b>Acceptable Prompt Responses:</b> Monochorionic Dichorionic	92568-5	Yes
3000384	Nasal Bone Twin B? <b>Acceptable Prompt Responses:</b> Present Absent Not Reported	53697-9	Yes
3024410	Screen Result	49586-1	No
3024420	Age at EDD (years)	43993-5	No
3024430	GA (weeks)	49051-6	No
3024440	GA (days)	49052-4	No
3024450	Ultrasound Date	34970-4	No
3024460	CRL	11957-8	No
3024470	Nasal Bone	96426-2	No
3024480	Weight (lbs)	29463-7	No
3024490	Multiple Gestation	11878-6	No
3024500	Ethnic Origin	21484-1	No
3024510	IDDM	44877-9	No
3024515	Smoker	64234-8	No
3024520	NT	12146-7	No
3024540	PAPP-A	48407-1	No
3024530	hCG	21198-7	No
3024550	NT MOM	49035-9	No
3024570	PAPP-A MOM	76348-2	No
3024560	HCG MOM	55868-4	No
3024580	Down Syndrome Risk	43995-0	No
3024590	Maternal Age Risk for Down	49090-4	No
3024600	Trisomy 18 Risk	43994-3	No
3024610	Interpretation	Not available	No

Inactivate Test With Replacement	
<b>Effective Date</b>	8/23/2022
Inactivated Test	
<b>Name</b>	Sequential Screen Part 2
<b>Code</b>	SS2
<b>Legacy Code<sup>1</sup></b>	SS2
<b>Interface Order Code</b>	3028900
<b>Notes</b>	
Replacement Test	
<b>Name</b>	Sequential Screen Part 2
<b>Code</b>	SEQ2
<b>CPT Code(s)</b>	81511 (or 82105, 82677, 84702, 86336)
<b>Notes</b>	
Specimen Requirements	
<b>Specimen Required</b>	<p><i>Patient Preparation:</i> Collect sample between 15 weeks 0 days and 22 weeks 6 days gestation.</p> <p><i>Collect:</i> Red top</p> <p><i>Specimen Preparation:</i> Centrifuge, separate serum from cells within 2 hours of collection and send 1.0 mL serum in a screw capped plastic vial. Prenatal Screening information required at Order Entry. Please send completed Prenatal Screen Information sheet with each specimen if unable to transmit required responses.</p> <p><i>Minimum Volume:</i> 0.6 mL</p> <p><i>Transport Temperature:</i> Refrigerated</p>
<b>Alternate Specimen</b>	Serum separator tube (SST)
<b>Rejection Criteria</b>	Moderately hemolyzed, lipemic or icteric specimens; plasma
<b>Stability</b>	Room temperature: 7 days Refrigerated: 7 days; Frozen: 60 days
Performing Information	
<b>Methodology</b>	Chemiluminescence
<b>Reference Range</b>	See report



<b>Performed Days</b>	Monday - Friday		
<b>Turnaround Time</b>	1 - 3 days		
<b>Performing Laboratory</b>	Warde Medical Laboratory		
<b>Interface Information</b>			
<b>Legacy Code<sup>1</sup></b>	SEQ2		
<b>Interface Order Code</b>	3000358		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt<sup>2</sup> *Required</b>
3000372	Physician Phone Number	68340-9	Yes
3000373	Notes to Laboratory	68560-2	Yes
3000361	Weight (lbs)	29463-7	Yes*
3029000	Screen Result	49586-1	No
3029010	Age at EDD (years)	43993-5	No
3029020	1st Sample Date	33882-2	No
3029030	GA (weeks)	49051-6	No
3029040	GA (days)	49052-4	No
3029050	2nd Sample Date	51953-8	No
3029060	GA (weeks)	Not available	No
3029070	GA (days)	Not available	No
3029080	Weight (lbs)	29463-7	No
3029090	Multiple Gestation	11878-6	No
3029100	Ethnic Origin	21484-1	No
3029110	IDDM	44877-9	No
3029115	Smoker	64234-8	No
3029120	AFP	83073-7	No
3029130	uE3	2250-9	No
3029140	hCG	83086-9	No
3029150	Inhibin-A	23883-2	No
3029170	NT	12146-7	No
3029160	PAPP-A	48407-1	No
3029180	Nasal Bone	96426-2	No
3029200	AFP MOM	23811-3	No
3029210	UE3 MOM	21264-7	No
3029220	HCG MOM	23841-0	No
3029230	INH MOM	36904-1	No
3029250	NT MOM	49035-9	No
3029240	PAPP-A MOM	76348-2	No
3029260	Down Syndrome Risk	43995-0	No
3029270	Maternal Age Risk for Down	49090-4	No
3029280	Trisomy 18 Risk	43994-3	No
3029290	GA Method	21299-3	No
3029300	Interpretation	Not available	No