

Update Notes

The new go-live date is **10/18/22** for the Prenatal tests listed in the update. Please see individual responses required for the ask at order entry (AOE) questions. If possible, please send the requested formats. Please contact the Warde IT team at aawdwardeintegrat@trinity-health.org for testing purposes and to validate the AOE questions. Please let us know if you have any questions.

Update Summary

Inactivate Test With Replacement	10/18/2022	FI1NT - "Full Integrated Screen Part 1 (With NT)" replaced by FINT1 - "Full Integrated Screen Part 1 (With NT)"
Inactivate Test With Replacement	10/18/2022	FI2NT - "Full Integrated Screen Part 2 (With NT)" replaced by FINT2 - "Full Integrated Screen Part 2 (With NT)"
Inactivate Test With Replacement	10/18/2022	FTS - "First Trimester Screen" replaced by FTS1 - "First Trimester Screen"
Inactivate Test With Replacement	10/18/2022	MSAFP - "MATERNAL SCR ALPHA-FETOPROTEIN" replaced by MAFP1 - "MSAFP (AFP Single Marker - NTD only)"
Inactivate Test With Replacement	10/18/2022	QUAD - "QUAD - GROUP" replaced by QUAD1 - "QUAD Screen"
Inactivate Test With Replacement	10/18/2022	SI1 - "Serum Integrated Screen Part 1 (No NT)" replaced by INTG1 - "Serum Integrated Screen Part 1 (No NT)"
Inactivate Test With Replacement	10/18/2022	SI2 - "Serum Integrated Screen Part 2 (No NT)" replaced by INTG2 - "Serum Integrated Screen Part 2 (No NT)"
Inactivate Test With Replacement	10/18/2022	SS1 - "Sequential Screen Part 1" replaced by SEQ1 - "Sequential Screen Part 1"
Inactivate Test With Replacement	10/18/2022	SS2 - "Sequential Screen Part 2" replaced by SEQ2 - "Sequential Screen Part 2"

Inactivate Test With Replacement	
Effective Date	10/18/2022
Inactivated Test	
Name	Serum Integrated Screen Part 1 (No NT)
Code	SI1
Legacy Code¹	INTONEN
Interface Order Code	3024750
Notes	
Replacement Test	
Name	Serum Integrated Screen Part 1 (No NT)
Code	INTG1
CPT Code(s)	84163
Notes	
Specimen Requirements	
Specimen Required	<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>
Alternate Specimen	Serum separator tube (SST)
Rejection Criteria	Moderately hemolyzed, lipemic or icteric specimens; plasma
Stability	Room temperature: 5 days Refrigerated: 7 days Frozen: 120 days
Performing Information	
Methodology	Chemiluminescence

Reference Range	See report		
Performed Days	Monday - Friday		
Turnaround Time	1 - 3 days		
Performing Laboratory	Warde Medical Laboratory		
Interface Information			
Legacy Code¹	INTG1		
Interface Order Code	3000353		
Result Code	Name	LOINC Code	AOE/Prompt² *Required
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? Acceptable Prompt Responses: No Yes Not Provided	53826-4	Yes
3000371	IVF Pregnancy? Acceptable Prompt Responses: No Yes Not Provided	47224-1	Yes
3024750	Interpretation	75365-7	No

Inactivate Test With Replacement	
Effective Date	10/18/2022
Inactivated Test	
Name	Serum Integrated Screen Part 2 (No NT)
Code	SI2
Legacy Code¹	SI2
Interface Order Code	3024800
Notes	
Replacement Test	
Name	Serum Integrated Screen Part 2 (No NT)
Code	INTG2
CPT Code(s)	81511 (or 82105, 82677, 84702, 86336)
Notes	
Specimen Requirements	
Specimen Required	<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>
Alternate Specimen	Serum separator tube (SST)
Rejection Criteria	Moderately hemolyzed, lipemic or icteric specimens; plasma
Stability	Room temperature: 7 days Refrigerated: 7 days Frozen: 60 days
Performing Information	

Methodology	Chemiluminescence		
Reference Range	See report		
Performed Days	Monday - Friday		
Turnaround Time	1 - 3 days		
Performing Laboratory	Warde Medical Laboratory		
Interface Information			
Legacy Code¹	INTG2		
Interface Order Code	3000354		
Result Code	Name	LOINC Code	AOE/Prompt² *Required
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	
Effective Date	10/18/2022
Inactivated Test	
Name	Sequential Screen Part 1
Code	SS1
Legacy Code ¹	SS1
Interface Order Code	3024400
Notes	
Replacement Test	
Name	Sequential Screen Part 1
Code	SEQ1
CPT Code(s)	81508 (or 84163, 84702)
Notes	
Specimen Requirements	
Specimen Required	<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>
Alternate Specimen	Serum separator tube (SST)
Rejection Criteria	Moderately hemolyzed, lipemic or icteric specimens; plasma
Stability	Room temperature: 5 days Refrigerated: 7 days Frozen: 120 days
Performing Information	
Methodology	Chemiluminescence

Reference Range	See report		
Performed Days	Monday - Friday		
Turnaround Time	1 – 3 days		
Performing Laboratory	Warde Medical Laboratory		
Interface Information			
Legacy Code¹	SEQ1		
Interface Order Code	3000357		
Result Code	Name	LOINC Code	AOE/Prompt² *Required
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? Acceptable Prompt Responses: Present Absent Not Reported	96426-2	Yes
3000365	Repeat Screen for Current Pregnancy? Acceptable Prompt Responses: No Yes	Not available	Yes
3000381	CRL Twin B	11957-8	Yes
3000382	NT Twin B	12146-7	Yes
3000383	Chorionic Sacs Acceptable Prompt Responses: Monochorionic Dichorionic	92568-5	Yes
3000384	Nasal Bone Twin B? Acceptable Prompt Responses: 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	
Effective Date	10/18/2022
Inactivated Test	
Name	Sequential Screen Part 2
Code	SS2
Legacy Code¹	SS2
Interface Order Code	3028900
Notes	
Replacement Test	
Name	Sequential Screen Part 2
Code	SEQ2
CPT Code(s)	81511 (or 82105, 82677, 84702, 86336)
Notes	
Specimen Requirements	
Specimen Required	<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>
Alternate Specimen	Serum separator tube (SST)
Rejection Criteria	Moderately hemolyzed, lipemic or icteric specimens; plasma
Stability	Room temperature: 7 days Refrigerated: 7 days; Frozen: 60 days
Performing Information	
Methodology	Chemiluminescence
Reference Range	See report

Performed Days	Monday - Friday		
Turnaround Time	1 - 3 days		
Performing Laboratory	Warde Medical Laboratory		
Interface Information			
Legacy Code¹	SEQ2		
Interface Order Code	3000358		
Result Code	Name	LOINC Code	AOE/Prompt² *Required
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