

# News

## Clinical Laboratory Test Update

### Maternal Serum Screen–QUADSCREEN

Effective Monday, February 20, 2018 the University of Colorado Hospital Clinical laboratory Maternal Serum Screen testing (Quad Screen) samples will be sent out to our reference lab, ARUP.

Please note that detailed information will continue to be required prior to testing, as included below.

Maternal Serum Screen	
EPIC CODE	LAB5083
PATIENT HISTORY REQUIRED	<ol style="list-style-type: none"> <li>1. Current weight</li> <li>2. Due date (EDC)</li> <li>3. How was due date determined, last menstrual period, confirmed by US or Ultrasound or last menstrual period, specify</li> <li>4. Number of Fetus, singleton, twins, unknown, if pregnancy is monochorionic, specify</li> <li>5. Patient's race, Caucasian, Black, Hispanic, Asian, specify</li> <li>6. Was the patient diabetic at time of conception</li> <li>7. Is there a family history of Down syndrome or neural tube defects, if yes, specify relationship of the affected individual to the fetus</li> <li>8. Has the patient had a previous pregnancy with a chromosome abnormality, if yes, specify<sup>NEW</sup></li> <li>9. Is this an <i>in vitro</i> fertilization pregnancy using a DONOR egg, if yes, age of egg donor (yrs)</li> <li>10. Has patient taken valproic acid or carbamazepine during pregnancy<sup>NEW</sup>, if yes, specify drug</li> <li>11. Is this a repeat sample</li> <li>12. Does the patient currently smoke cigarettes<sup>NEW</sup></li> <li>13. Physicians name<sup>NEW</sup> and phone number<sup>NEW</sup></li> </ol>
REFERENCE INTERVALS	AFP, $\beta$ hCG, Estriol, and Inhibin A, Intervals are based upon weeks of gestation.
PERFORMED	Sunday - Saturday
REPORTED	2-3 days
CPT	81511

Please call Gregory Bocsi, DO at 720-848-7050 if you have any questions or visit our website at <https://www.uchealth.org/professionals/uch-clinical-laboratory/> for additional information.

Issued: 02/15/2018