



STATE HYGIENIC LABORATORY

AT THE UNIVERSITY OF IOWA



Iowa Maternal Screen

Specimen Collection and Shipping Instructions

Submission Requirements

1. A minimum of 1ml of serum is required for testing.
2. Refer to following table, "Which test should I order" for requirements of when to draw sample.
3. This is dependent on sample being submitted for a 1st trimester or 2nd trimester test.
4. Label tube with patient's name or unique identifier, age or date of birth (DOB) and the date of collection.
UNLABELED SPECIMENS WILL NOT BE TESTED.
5. A completed **Iowa Maternal Screen Test Request Form** must accompany the specimen.

Specimen Collection and Handling

1. Collect blood in a red top vacutainer tube.
2. Allow blood to clot, then centrifuge and remove serum to aliquot tube.
3. Keep serum refrigerated, but DO NOT FREEZE, if not sending immediately.
4. Specimen must be received by the SHL within 9 days of draw date.
5. Wrap specimen tube in absorbent material, and place into a biohazard bag.

Test Request Form

1. Complete **Iowa Maternal Screen Test Request Form**, including all patient identifiers, by going online to: <http://www.shl.uiowa.edu/testmenu/formgenerator.xml>. Please fill out as completely as possible. Missing information may delay screening results. Incorrect information, especially incorrect dating, will result in inaccurate risk assessment. Be sure to include the clinician name and phone number. For those tests with nuchal translucency (NT) requirement be sure to include sonographer name.
2. Testing is dependent upon complete and accurate information; therefore, results may be delayed if information is not provided.
3. Refer to the following table "Which test should I order?" for helpful information.

Shipping Instructions

1. Include completed **Iowa Maternal Screen Test Request Form** in outside pocket of biohazard bag.
2. Roll up the bag, and place in mailer.
3. Seal mailer with A-coded self-adhesive wrapper provided.
4. Ship at ambient temperature.
5. Ship multiple specimens in packaging compliant with USPS or IATA regulations.
6. Specimen must be received by the SHL within 9 days of draw date
7. Send to State Hygienic Laboratory in Coralville (See address in footer).

Contact Information

1. For test collection kits, go online to <http://www.shl.uiowa.edu/kitsquotesforms>, or call (319) 335-4500
2. For Maternal Screen testing questions: (319) 335-4247
3. For test interpretation or revised dating information: UIHC OB/GYN Counseling Office: (319) 356-8892
4. For billing questions: (319) 335-4442

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Which test should I order?

| Test Name | Screens for: | | | Test Requirements | Comments |
|--|---------------|------------|--------------------------|---|---|
| | Down Syndrome | Trisomy 18 | Open Neural Tube Defects | | |
| Integrated Screen Sample 1 (1 st trimester) Sample 2 (2 nd trimester) | Yes | Yes | Yes | Dating by ultrasound crown rump length (CRL). Serum samples drawn in BOTH first and second trimesters. First sample drawn when CRL is 32-80 mm (10 weeks-13 weeks 6 days). Second sample drawn between 15 weeks-20 weeks 6 days . Nuchal translucency (NT) measurement by a certified sonographer** may be submitted if available, but is NOT required. | <u>Detection rates:</u> 85% Down Syndrome 80% Trisomy 18 85% neural tube defects <u>False positive rates:</u> 2.6% without NT 1.9% with NT Results are available after the second serum sample is processed. |
| Quad Screen | Yes | Yes | Yes | Dating by LMP or ultrasound (ultrasound preferred) Serum sample drawn in second trimester between 15 weeks- 20 weeks 6 days . | <u>Detection rates:</u> 79% Down syndrome 80% Trisomy 18 85% neural tube defects <u>False positive rate:</u> 3.5% |



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| Which test should I order? | | | | | |
|-------------------------------|---------------|------------|--------------------------|--|--|
| Test Name | Screens for: | | | Test Requirements | Comments |
| | Down Syndrome | Trisomy 18 | Open Neural Tube Defects | | |
| First Trimester Screen | Yes | Yes | NO | <p>Dating by ultrasound crown rump length (CRL).</p> <p>Serum sample drawn in first trimester when the CRL is 32-80 mm (10 weeks-13 weeks 6 days).</p> <p>Nuchal translucency (NT) measurement by a certified sonographer** is REQUIRED and must be performed when the CRL is 32-80 mm.</p> <p>NOTE: If this test is performed it is recommended that an NTD Screen be ordered in the second trimester.</p> | <p><u>Detection rates:</u></p> <p>83% Down syndrome 80% Trisomy 18</p> <p><u>False positive rate:</u> 5%</p> |
| NTD Screen | NO | NO | Yes | <p>Dating by ultrasound.</p> <p>Serum sample drawn in second trimester between 15 weeks-20 weeks 6 days.</p> <p>NOTE: This test is appropriate for those women who have already had testing or screening for Down syndrome or Trisomy 18, either by chorionic villus sampling (CVS) or the First Trimester Screen.</p> | <p><u>Detection rates:</u> 85% neural tube defects</p> |

****Sonographer Requirements** - The certified sonographer's name, certification number, and certifying organization must be on file with the laboratory to submit an NT measurement. Please call 319-335-4056 the first time a sonographer is submitting an NT measurement with a test request.

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