



**Maternal Screen Test Request Form Checklist Per Test**

\*Please refer to SHL website for the most current version of the test request forms: \*

<http://www.shl.uiowa.edu/testmenu/formgenerator.xml>

**Requirements on all tests:**

| <b>All Test Require this Patient Information:</b>   |   |
|---|---|
| <b>Required</b>   | <b>Note</b>   |
| <input type="checkbox"/> Enter client reference (patient ID/MRN/Chart ID)<br><input type="checkbox"/> Enter patient last name<br><input type="checkbox"/> Enter patient legal first name<br><input type="checkbox"/> Enter patient birth date<br><input type="checkbox"/> Mark race identification<br><input type="checkbox"/> Mark the appropriate public insurance box<br><input type="checkbox"/> Enter the patient's Insurance ID number<br><input type="checkbox"/> Enter the Diagnosis Code | <p>*The State Hygienic Lab does not participate in private insurance. Only if public insurance is primary and to have the State Hygienic Lab bill public insurance, check the appropriate box and enter the patient's insurance id #, diagnosis code and provider information on the Test Request Form. *</p> |

| <b>All Test Require this Provider Information:</b>  |             |
|---|-------------|
| <b>Required</b>   | <b>Note</b> |
| <input type="checkbox"/> Enter provider last name<br><input type="checkbox"/> Enter provider first name<br><input type="checkbox"/> Enter NPI<br><input type="checkbox"/> Enter provider phone number w/area code |             |

| <b>All Test Require this Organization Information:</b>   |   |
|--|---|
| <b>Required</b>  | <b>Note</b>                                     |
| <input type="checkbox"/> Enter organization ID<br><input type="checkbox"/> Enter organization name<br><input type="checkbox"/> Enter organization address<br><input type="checkbox"/> Enter organization city, state, and zip code | <p>*Results are reported to this address. *</p> |

**All Test Require the DOC:**

| <b>Required</b>                             | <b>Note</b>  |
|---|--|
| <input type="checkbox"/> Enter collect date | *Sample must be received within 9 days of collect date * |

**All Test Require One Test**

| <b>Required</b>                              | <b>Note</b>            |
|--|------------------------|
| <input type="checkbox"/> Enter one test only | *Only select ONE TEST* |

**All Test Require Sample Type:**

| <b>Required</b>                            | <b>Note</b>                   |
|--|-------------------------------|
| <input type="checkbox"/> Enter sample type | *Enter one sample type only * |

### Requirements Per Test:

\*Make sure all the information on page 1-2 is filled out completely prior to checking required information per test. \*

**Key**

CRL-Crown Rump Length Measurement

NT-Nuchal Translucency Measurement

U/S -Ultrasound

LMP-Last Menstrual Period

NTD – Neural Tube Defect

| First Trimester Screen, Serum   |  |
|---|--|
| Required  | Notes  |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Gestation Age Requirements:<br/>70-97 days or (10 weeks – 13 Weeks 6 days)</li> <li><input type="checkbox"/> Number of fetuses must be 1</li> <li><input type="checkbox"/> Mark IVF yes or no</li> <li style="background-color: #d9e1f2;"><input type="checkbox"/> If IVF is yes and it is patient's egg put patient's age at time of retrieval</li> <li style="background-color: #fce4d6;"><input type="checkbox"/> If IV is yes and it is a donor egg or donor embryo provide donors age at time of retrieval</li> <li><b>*Only answer one of the egg age questions*</b></li> <li><input type="checkbox"/> Enter patient weight in lbs. or kilograms</li> <li><input type="checkbox"/> Mark Race Black yes or no (if patient is of mixed race and one is black answer yes).</li> <li><input type="checkbox"/> Insulin for diabetes Yes or No</li> <li><input type="checkbox"/> NTD Yes or No (if the patient or father of baby had a NTD or the patient had a previous pregnancy with a NTD mark yes).</li> <li><input type="checkbox"/> Must have a U/S for dating (10 weeks - 13 weeks 6 days)</li> <li><input type="checkbox"/> Crown Rump Length 32-80mm</li> <li><input type="checkbox"/> NT measurement by a certified sonographer</li> <li><input type="checkbox"/> Sonographer signature</li> </ul> | <p>*This test goes with “First Trimester/Integrated Test Request Form”</p> |

### Requirements Per Test:

\*Make sure all the information on page 1-2 is filled out completely prior to checking required information per test. \*

**Key**

CRL-Crown Rump Length Measurement  
 NT-Nuchal Translucency Measurement  
 U/S -Ultrasound  
 LMP-Last Menstrual Period  
 NTD – Neural Tube Defect

| First Integrated Screen, Serum   |   |
|--|---|
| Required   | Notes   |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Gestation Age Requirements:<br/>70-97 days or (10 weeks – 13 Weeks 6 days)</li> <li><input type="checkbox"/> Number of fetuses must be 1</li> <li><input type="checkbox"/> Mark IVF yes or no</li> <li><input type="checkbox"/> If IVF is yes and it is patient's egg put patient's age at time of retrieval</li> <li><input type="checkbox"/> If IV is yes and it is a donor egg or donor embryo provide donors age at time of retrieval</li> <li><b>*Only answer one of the egg age questions*</b></li> <li><input type="checkbox"/> Enter patient weight in lbs. or kilograms</li> <li><input type="checkbox"/> Mark Race Black yes or no (if patient is of mixed race and one is black answer yes).</li> <li><input type="checkbox"/> Insulin for diabetes Yes or No</li> <li><input type="checkbox"/> NTD Yes or No (if the patient or father of baby had a NTD or the patient had a previous pregnancy with a NTD mark yes).</li> <li><input type="checkbox"/> Must have a U/S for dating (10 weeks – 13 weeks 6 days)</li> <li><input type="checkbox"/> Crown Rump Length 32-80mm</li> <li><input type="checkbox"/> Include NT measurement if available by certified sonographer</li> </ul> | <p>*NT measurement and sonographer are optional but improve risk accuracy.</p> <p>*This test goes with "First Trimester/Integrated Test Request Form"</p> |

**Requirements Per Test:**

\*Make sure all the information on page 1-2 is filled out completely prior to checking required information per test. \*

**Key**

CRL-Crown Rump Length Measurement

NT-Nuchal Translucency Measurement

U/S -Ultrasound

LMP-Last Menstrual Period

NTD – Neural Tube Defect

**Second Trimester Integrated Screen, Serum**

| Required  | Notes  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Gestational Age Requirements:<br/>105-146 days (15weeks – 20weeks 6days)</li> <li><input type="checkbox"/> Number of fetuses must be 1</li> <li><input type="checkbox"/> Mark IVF yes or no</li> <li><input type="checkbox"/> If IVF is yes and it is patient’s egg put patient’s age at time of retrieval</li> <li><input type="checkbox"/> If IV is yes and it is a donor egg or donor embryo provide donors age at time of retrieval</li> <li><b>*Only answer one of the egg age questions*</b></li> <li><input type="checkbox"/> Enter patient weight in lbs. or kilograms</li> <li><input type="checkbox"/> Mark Race Black yes or no (if patient is of mixed race and one is black answer yes).</li> <li><input type="checkbox"/> Insulin for diabetes Yes or No</li> <li><input type="checkbox"/> NTD Yes or No (if the patient or father of baby had a NTD or the patient had a previous pregnancy with a NTD mark yes).</li> <li><input type="checkbox"/> Must have a U/S for dating (15 weeks – 20 weeks 6 days)</li> <li><input type="checkbox"/> Crown Rump Length 32-80mm</li> </ul> | <p>*This test goes with “First Trimester/Integrated Test Request Form”</p> |

### Requirements Per Test:

\*Make sure all the information on page 1-2 is filled out completely prior to checking required information per test. \*

**Key**

CRL-Crown Rump Length Measurement  
 NT-Nuchal Translucency Measurement  
 U/S -Ultrasound  
 LMP-Last Menstrual Period  
 BPD-Biparietal Diameter  
 NTD – Neural Tube Defect

| <b>Quad Screen</b>   |  |
|--|--|
| <b>Required</b>  | <b>Notes</b>   |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Gestational Age Requirements:<br/>105-146 days (15weeks – 20weeks 6days)</li> <li><input type="checkbox"/> Mark IVF yes or no</li> <li><input type="checkbox"/> If IVF is yes and it is patient's egg put patient's age at time of retrieval</li> <li><input type="checkbox"/> If IV is yes and it is a donor egg or donor embryo provide donors age at time of retrieval</li> <li><b>*Only answer one of the egg age questions*</b></li> <li><input type="checkbox"/> Enter patient weight in lbs. or kilograms</li> <li><input type="checkbox"/> Mark Race Black yes or no (if patient is of mixed race and one is black answer yes).</li> <li><input type="checkbox"/> Mark number of fetuses, <b>*must be one*</b></li> <li><input type="checkbox"/> Insulin for diabetes Yes or No</li> <li><input type="checkbox"/> NTD Yes or No (if the patient or father of baby had a NTD or the patient had a previous pregnancy with a NTD mark yes).</li> <li><input type="checkbox"/> Dating by LMP or U/S.<br/><b>*U/S will provide most accurate risk calculations.</b></li> <li><input type="checkbox"/> U/S measurements CRL or BPD preferred but can use weeks and days based off U/S.</li> </ul> | <p>*This test goes with "NTD/Quad Test Request Form"</p> |

**Requirements Per Test:**

\*Make sure all the information on page 1-2 is filled out completely prior to checking required information per test. \*

**Key**

CRL-Crown Rump Length Measurement  
 NT-Nuchal Translucency Measurement  
 U/S -Ultrasound  
 LMP-Last Menstrual Period  
 BPD-Biparietal Diameter  
 NTD – Neural Tube Defect

**\*The following two tests are the only testing available for twin pregnancies.**

| Neural Tube Defect (NTD) Screening, Serum   |   |
|---|---|
| Required  | Notes   |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Gestational Age Requirements:<br/>105-146 days (15weeks – 20weeks 6days)</li> <li><input type="checkbox"/> Enter patient weight in lbs. or kilograms</li> <li><input type="checkbox"/> Mark Race Black yes or no (if patient is of mixed race and one is black answer yes).</li> <li><input type="checkbox"/> Mark number of fetuses</li> <li><input type="checkbox"/> Insulin for diabetes Yes or No</li> <li><input type="checkbox"/> NTD Yes or No (if the patient or father of baby had a NTD or the patient had a previous pregnancy with a NTD mark yes).</li> <li><input type="checkbox"/> Dating by U/S.<br/><b>* LMP may be used if no U/S will be performed.</b></li> <li><input type="checkbox"/> U/S measurements CRL or BPD preferred but can use weeks and days based off U/S.</li> </ul> | <p>*IVF, patient egg age and donor egg age are optional as they are not used in the risk calculations.<br/>                     *This test goes with “NTD/Quad Test Request Form”</p> |

### Requirements Per Test:

\*Make sure all the information on page 1-2 is filled out completely prior to checking required information per test. \*

#### Key

CRL-Crown Rump Length Measurement

NT-Nuchal Translucency Measurement

U/S or u/s-Ultrasound

LMP-Last Menstrual Period

BPD-Biparietal Diameter

NTD – Neural Tube Defect

### Neural Tube Defect (NTD) Screening, **Amniotic**

| Required   | Notes  |
|--|--|
| <ul style="list-style-type: none"><li><input type="checkbox"/> Gestation Age Requirements:<br/>96-160 days (13 weeks 5 days – 22 weeks 6 days)</li><li><input type="checkbox"/> Mark Race Black yes or no (if patient is of mixed race and one is black answer yes).</li><li><input type="checkbox"/> Mark the number of fetuses<br/><b>*Two separate forms must be submitted for twins. Samples and forms must be clearly mark twin A and twin B.</b></li><li><input type="checkbox"/> Insulin for diabetes Yes or No</li><li><input type="checkbox"/> NTD Yes or No (if the patient or father of baby had a NTD or the patient had a previous pregnancy with a NTD mark yes).</li><li><input type="checkbox"/> Must have a U/S for dating (13 weeks 5 days-22 weeks 6 days)</li><li><input type="checkbox"/> U/S measurements CRL or BPD preferred but can use weeks and days based off U/S.</li></ul> | <p>*Patient weight is optional<br/>*This test goes with “NTD/Quad Test Request Form”</p> |