

INSTRUCTION SHEET FOR MATERNAL SCREEN TESTING

(Please bring this sheet with your physician orders when you come to have your blood drawn)

- ☆ **PHYSICIAN OFFICE STAFF:**
Please fill out patient information in the Maternal Screen form below.
Please write **MATERNAL AFP TETRA SCREEN** on the **BRMC Laboratory Outpatient Requisition**
- ☆ **PATIENT:**
Please bring all paper work to the registration area. You should have this **Maternal Screen Patient Information Form**, and a **BRMC Laboratory Outpatient Requisition**.
- ☆ **REGISTRATION STAFF:**
This Maternal Screen Form **MUST** go with the patient to the laboratory drawing area. Please **DO NOT** keep this form.
- ☆ **LABORATORY OUTPATIENT STAFF:**
If a patient has this Maternal Screen Form with them, **MAKE SURE THAT YOU ORDER AFP TETRA SCREEN** in the computer and draw a red top tube for the AFP Tetra Maternal Screen. Send this form with the specimen to Chemistry for processing.
- ☆ **CHEMISTRY TECHNOLOGISTS:**
Use the information provided in the following form to enter the necessary screens in the LabCorp computer when ordering the AFP Tetra Screen.

AFP TETRA SCREEN PATIENT INFORMATION FORM

Office staff, please fill out the following patient information: **ALL INFORMATION MUST BE COMPLETED.**

Patient's Name: _____

Gestational age: _____ (weeks) _____ (days) on Date to be Drawn: ____ / ____ / ____ (Make sure this is the date the specimen will be drawn)

Gestational age determined by: (circle one) Last Menstrual Period Ultra Sound Estimated Date of Delivery

Maternal DOB: ____ / ____ / ____ Maternal Weight: _____ Insulin Dependent Diabetes: (circle one) Yes No

Specimen for this pregnancy is: (circle one) First Repeat # of fetuses: (circle one) Single Twins Other

Race: (circle one) Cau Black Hisp Other

Is there Neural Tube Defect History in the family? (circle one) Yes No If so, please specify who is/was affected. (This includes parents, siblings, offspring, aunts, uncles, parents, and grandparents): _____

Any other indications: _____

Testing Information for the Patient for the Maternal Screen Test:

- ◆ AFP Tetra Screen testing is offered to screen for open neural tube defects and certain chromosome disorders, such as Down syndrome and Trisomy 18, early in pregnancy. This test may lead to the detection of about 80-85% of fetuses with open neural tube defects, 75% with Down syndrome, and 60% of fetuses with Trisomy 18.
- ◆ Neural tube defects (such as spina bifida and anencephaly) occur when the spine and brain do not develop completely. Down syndrome and Trisomy 18 result from the presence of an extra chromosome and cause both mental and physical abnormalities.
- ◆ **THIS IS A SCREENING TEST ONLY** . Positive results mean further testing may be necessary to determine if the fetus has one of these conditions. False positive results may occur for such reasons as miscalculation of the due date, twin pregnancy, or sometimes for no apparent reason.
- ◆ Please ask your physician to answer any questions about this test that you might have.