Non-Invasive Prenatal Screening

Reflex Tests Are Performed At An Additional Charge.
PSC Appointment Website And Telephone Number Information Listed On The Back.

Each Sample Should Be Labeled With At Least Two Patient Identifiers At Time Of Collection.

Did You Know?

Aneuploidy Screening

92777 QNatal Advanced® for fetal Chromosomal abnormalities (as early as 10.0 weeks gestation)
Two 10mL Cell Free DNA Streck Tubes

Collection Date: ______/______/______
Estimated Date of Delivery (EDD): ______/______/______
Number of Fetuses: [] One [] Two [] Three [] More than 3
Maternal Height: ______ ft. ______ in. Maternal Weight: ______ lbs

Increased risk due to (Must respond to all):
Yes [] No []
[ ] Advanced Maternal Age [ ] Abnormal MSS
[ ] Abnormal Ultrasound [ ] Personal or Family Hx

Other
[ ] Opt-Out for subchromosomal copy variant (microdeletions)
[ ] Opt-Out for fetal sex

Additional Comments

Informed Consent for Maternal Serum AFP

-Bill to:
[] My Account
[] Insurance Provided
[] Lab Card/Select
[] Patient

Additional Comments

Call 866-GENE-INFO with any questions

Medicare Limited Coverage Tests
@ = May not be covered for the reported diagnosis.
F = Has prescribed frequency rules for coverage.
& = A test or service performed with research/experimental kit.
B = Has both diagnosis and frequency-related coverage limitations.
Provide signed ABN when necessary.

ICD Codes (enter all that apply)
Patients: Minimize your wait time by scheduling an appointment at a convenient Patient Service Center.
To find a location and make an appointment visit us at QuestDiagnostics.com/appointment or call 888-277-8772 or simply download our mobile app. at QuestDiagnostics.com/mobile
Non-Invasive Prenatal Screening

Prenatal Screening

Neural Tube Defect Screening

1. Maternal Serum AFP (MSAFP) is offered to screen for open neural tube defects and may lead to the detection of 95% of fetuses with anencephaly and 65-80% of fetuses with open spina bifida.

2. Neural tube defects (such as spina bifida and anencephaly) occur when the spine and brain do not develop completely.

3. Some open neural tube defects and those covered with skin may not be detected. Most other birth defects and mental retardation are NOT detected by MSAFP screening.

4. Screen positive results mean further testing may be necessary to determine if the fetus has a neural tube defect. Such testing may include a repeat MSAFP test, ultrasound, or removal and testing of a small amount of amniotic fluid (amniocentesis).

5. Screen positive results may occur for reasons such as: miscalculation of due date, twin pregnancy, vaginal bleeding, or the presence of other rare birth defects. Sometimes the results are screen positive for no apparent reason.

6. At the request of your physician, screen positive results will be given to a diagnostic center for follow-up.

I certify that I have read the above consent and understand its content, including the BENEFITS and LIMITATIONS of Maternal Serum AFP Screening and request that it be performed. I have discussed the test with my physician.

Patient Signature (required for New York residents only)

Physician Signature (required for New York residents only)

Call 866-GENE-INFO with any questions

For any patient of any payor (including Medicare and Medicaid) that has a medical necessity requirement, you should only order those tests which are medically necessary for the diagnosis and treatment of the patient.
Patients: Minimize your wait time by scheduling an appointment at a convenient Patient Service Center.
To find a location and make an appointment visit us at QuestDiagnostics.com/appointment or call 888-277-8772 or simply download our mobile app. at QuestDiagnostics.com/mobile