Non-Invasive Prenatal Screening Tests

DID YOU KNOW

MEDICAL INDICATION FOR TESTING • Select one or more ICD10 codes if appropriate -

ICD Diagnosis Codes are Mandatory. Fill in the applicable fields below.

Neural Tube Defect Screening - Maternal Serum AFP

Call 866-GENE-INFO with any questions on test selection.

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.

ICD Diagnosis Codes are Mandatory. Fill in the applicable fields below.

ABN required for tests with these symbols

Medicare Limited Coverage • May not be covered for the reported diagnosis.

Medicare Limited Coverage • Has prescribed frequency rules for coverage.

Medicare Limited Coverage • Has both diagnosis and frequency-related coverage limitations.

Medicare Limited Coverage • Visit QuestDiagnostics.com/MLCP for Medicare coverage guidelines

ICD Codes (enter all that apply)

Mandatory fields are indicated with a red asterisk (*)

As of 12/1/17, some payers (including Medicare and Medicaid) have medical necessity requirements. You should order those tests which are medically necessary for the diagnosis and treatment of the patient.
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### Neural Tube Defect Screening - Maternal Serum AFP

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>9059</td>
<td>Maternal Serum AFP (MSAFP) (15.0 – 22.9 weeks gestation) 1 mL Red Top SST</td>
</tr>
</tbody>
</table>

Date of Birth: __/__/____ Collection Date: __/__/____ Maternal Weight: ______ lbs

Estimated Date of Delivery (EDD): __/__/____ Determined by: □ Ultrasonography □ Last Menstrual Period (LMP) □ Physical Exam

Mother’s Ethnic Origin: □ African American □ Asian □ Caucasian □ Hispanic □ Other: __________

Number of Fetuses: □ One □ Two □ Three □ More than 3

Yes No □ Patient is an insulin-dependent diabetic prior to pregnancy

□ This is a repeat specimen for this pregnancy

□ History of neural tube defect if yes, explain:

Other Relevant Clinical Information:

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<td>5059</td>
<td>Maternal Serum AFP (MSAFP)</td>
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Informed Consent for Maternal Serum AFP

1. Maternal Serum AFP (MSAFP) is offered to screen for open neural tube defects and may lead to the detection of 99% of fetuses with anencephaly and 66-80% of fetuses with open spina bifida.

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

3. 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, ultrasonography, or amniocentesis to detect small amounts of amniotic fluid (amniocentesis).

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

5. 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) _______ Date _______

Physician Signature (required for New York residents only) _______ Date _______