

Iowa Maternal Screening Program Quick Reference Sheet

If you have any questions about which test to order or how to complete the test requisition, please call the Iowa Maternal Screening Program consultants at 319-356-3561 BEFORE sending the sample. This will help prevent delayed or inaccurate reporting of test results.

Patient Information: (top right corner of requisition)

Please fill out as completely as possible. It is especially important to include the clinician name and phone number. This is the phone number that will be used to obtain any missing clinical information and is the number that will be called if the test results are abnormal. If this information is missing it may delay the reporting of test results.

Specimen Type/Test Ordered: (top left corner of requisition)

Please be sure to mark the correct box for the test you wish to order. If the incorrect test is ordered and processed, it may not be possible to change the order later. If you think you may have ordered an incorrect test, please call the screening program consultants at 319-356-3561 *as soon as possible*.

Refer to the test menu (chart on reverse) for a list of available screening tests and testing requirements. Please note that each sample sent requires its own requisition.

Important points to remember when choosing a screening test:

- Both the **Integrated Screen** and the **Quad Screen** will screen for Down syndrome, Trisomy 18, and open neural tube defects. However, the Integrated Screen has a higher detection rate and a lower false positive rate than the Quad Screen.
- The **First Trimester Screen** does NOT detect open neural tube defects. If this testing is performed it is recommended that an NTD Screen be ordered in the second trimester.
- The **NTD Screen** does NOT detect Down syndrome or Trisomy 18. This test is appropriate for those women who have already had testing or screening for these disorders, either by chorionic villus sampling (CVS) or the First Trimester Screen.
- Choosing the **Integrated Screen** will result in a lower false positive rate than choosing to perform the First Trimester Screen and the NTD Screen sequentially.

Required Information: (center of requisition)

Please fill out as completely as possible. Missing information may delay screening results. Incorrect information, especially incorrect dating, will result in inaccurate risk assessment.

NOTE: Dating by an ultrasound crown-rump length (CRL) is required for the Integrated Screen and First Trimester Screen.

NOTE: A nuchal translucency (NT) measurement performed by a certified sonographer is required for the First Trimester Screen. The sonographer's name and certification number must be included on the form if an NT measurement is submitted. An NT measurement may be submitted, if available, for the Integrated Screen but is not required.

Facility Information: (bottom of requisition)

Please fill out completely. This is the address where results will be sent. Incomplete or incorrect information will result in a delay in reporting test results.

For more information:

Clinical information: <http://www.medicine.uiowa.edu/programs/screening/>

Test requisitions and collection instructions: <http://www.uhl.uiowa.edu/kitsquotesforms/>