Test Definition: QUAD

Quad Screen (Second Trimester) Maternal, Serum

Reporting Title: QUAD SCRN (2nd Tri) MATERNAL, S
Performing Location: Rochester

Specimen Requirements:

Container/Tube:
Preferred: Red top
Acceptable: Serum gel
Specimen Volume: 1 mL
Collection Instructions:
1. Do not draw specimen after amniocentesis, as this could affect results.
2. Immediately spin down.
Additional Information:
1. For an assessment that includes neural tube defect results, gestational age must be between 15 weeks, 0 days and 22 weeks, 6 days.
2. Assessments for Down syndrome and Trisomy 18 only are available between 14 weeks, 0 days and 22 weeks, 6 days.
3. Initial or repeat testing is determined in the laboratory at the time of report and will be reported accordingly. To be considered a repeat test for the patient, the testing must be within the same pregnancy and trimester, with interpretable results for the same tests, and both tests are performed at Mayo Clinic.
4. Patient education brochures in English (Supply T522) and Spanish (Supply T534) are available upon request.
Forms: Second Trimester Maternal Screening Alpha-Fetoprotein (AFP)/QUAD Screen Patient Information Sheet (Supply T595) is required in Special Instructions

Specimen Type	Temperature	Time
Serum	Refrigerated (preferred)	7 days
	Frozen	90 days

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
QUAD	ESTDD	Patient's Estimated Due Date (EDD)	Plain Text	No
QUAD	MTHOD	Method Used to Determine EDD	Plain Text	No
QUAD	MTWT	Patient Weight	Plain Text	No
QUAD	LBKGS	Units (lbs or kg)	Plain Text	No
QUAD	IDD	Insulin dependent diabetes: • None • Diabetic	Answer List	Yes

Test ID	Question ID	Description	Type	Reportable
QUAD	RACE	Black race: • Black • non-Black	Answer List	Yes
QUAD	MULTF	Number of Fetuses: • 1 • 2 • 3 or more	Answer List	Yes
QUAD	CHOR_	Number of Chorions: • Monochorionic • Dichorionic • Unknown • Not applicable	Answer List	No
QUAD	IVFP	IVF pregnancy: • No • Yes	Answer List	Yes
QUAD	EGGDR	IVF Egg Donor Date of Birth	Plain Text	No
QUAD	EGGFR	IVF Egg or Embryo Freeze Date	Plain Text	No
QUAD	PRHIS	Prev Down (T21) / Trisomy Pregnancy: • No • Yes • Unknown • If MAFP - Not applicable	Answer List	No
QUAD	PRNTD	Prev Pregnancy w/ Neural Tube Defect: • No • Yes • Unknown	Answer List	No
QUAD	PTNTD	Patient or father of baby has a NTD: • No • Yes • Unknown	Answer List	No
QUAD	DRPHN	Physician Phone Number	Plain Text	No

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
7058	Recalculated Maternal Serum Screen **Also used by tests: MAFP**	Alphanumeric		43995-0
3009	Collection Date **Also used by tests: MAFP**	Alphanumeric		51953-8

Result ID	Reporting Name	Type	Unit	LOINC®
7823	Birthdate **Also used by tests: MAFP**	Alphanumeric		21112-8
7834	Calculated age at EDD **Also used by tests: MAFP**	Alphanumeric		43993-5
26717	Maternal Weight **Also used by tests: MAFP**	Numeric	lbs	29463-7
26718	Maternal Weight **Also used by tests: MAFP**	Alphanumeric	kg	29463-7
IDD	Insulin dependent diabetes **Also used by tests: MAFP**	Alphanumeric		33248-6
RACE	Black race **Also used by tests: MAFP**	Alphanumeric		32624-9
MULTF	Number of Fetuses **Also used by tests: MAFP**	Alphanumeric		55281-0
IVFP	IVF pregnancy **Also used by tests: MAFP**	Alphanumeric		47224-1
7816	Gestation (GA) by U/S **Also used by tests: MAFP**	Alphanumeric	wk,d	11888-5
7817	Date of U/S **Also used by tests: MAFP**	Alphanumeric		34970-4
10054	EDD by U/S scan **Also used by tests: MAFP**	Alphanumeric		In Process
2907	Last Menstrual Period (LMP) **Also used by tests: MAFP**	Alphanumeric		8665-2
7753	EDD by LMP **Also used by tests: MAFP**	Alphanumeric		11779-6
7206	Gestation (GA) by dates **Also used by tests: MAFP**	Alphanumeric	wk,d	11885-1
7200	Date of estimate **Also used by tests: MAFP**	Alphanumeric		In Process

Result ID	Reporting Name	Type	Unit	LOINC®
7201	Gestation (GA) by physical exam **Also used by tests: MAFP**	Alphanumeric	wk	11884-4
7202	Date of physical exam **Also used by tests: MAFP**	Alphanumeric		In Process
7203	GA on collection by U/S scan **Also used by tests: MAFP**	Alphanumeric	wk,d	11888-5
7204	GA on collection by dates **Also used by tests: MAFP**	Alphanumeric	wk,d	11885-1
7205	GA on collection by physical exam **Also used by tests: MAFP**	Alphanumeric	wk	11884-4
7830	GA used in risk estimate **Also used by tests: MAFP**	Alphanumeric		21299-3
10351	AFP **Also used by tests: MAFP**	Alphanumeric		31993-9
10352	uE3	Alphanumeric		27259-1
10353	hCG, TOTAL	Alphanumeric		2116-2
10354	INHIBIN	Alphanumeric		2478-6
10334	Down syndrome screen risk estimate	Alphanumeric		43995-0
10335	Down syndrome maternal age risk	Alphanumeric		49090-4
10337	Trisomy 18 screen risk estimate	Alphanumeric		43994-3
10356	INTERPRETATION **Also used by tests: MAFP**	Alphanumeric		59462-2
10248	Additional comments **Also used by tests: MAFP**	Alphanumeric		55107-7
10357	RECOMMENDED FOLLOW UP **Also used by tests: MAFP**	Alphanumeric		N/A
10358	GENERAL TEST INFORMATION **Also used by tests: MAFP**	Alphanumeric		In Process
32284	Other Information **Also used by tests: MAFP**	Alphanumeric		In Process

CPT Code: 1 × 81511

Reference Values:

NEURAL TUBE DEFECTS
An AFP multiple of the median (MoM) <2.5 is reported as screen negative. AFP MoMs > or =2.5 (singleton and twin pregnancies) are reported as screen positive.

DOWN SYNDROME
Calculated screen risks <1/270 are reported as screen negative, risks > or =1/270 are reported as screen positive.

TRISOMY 18
Calculated screen risks <1/100 are reported as screen negative, risks > or =1/100 are reported as screen positive.

An interpretive report will be provided.