



Test Bulletin



Dear Healthcare Provider,

The information contained here may be very important to your practice. Please take a moment to review this document.

Prenatal Risk Assessment Testing

QUAD screens and Maternal Serum AFP

January 4, 2021

Effective January 4, 2021, Alverno Laboratories will begin sending QUAD screens and Maternal Serum AFP prenatal risk assessment testing to ARUP Laboratories. The quality of our risk assessment algorithms is dependent on robust statistical data that requires a testing volume that we are no longer able to sustain.

To provide the most accurate analysis, detailed information regarding the patient history is required.

Please see **page 2** for the Prenatal Risk Assessment Form. This form is readily available from our collection manual as well as under the “Provider Forms” tab on the Alverno website. All questions must be answered for more accurate risk analysis. Unanswered questions will delay testing.



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PRENATAL RISK ASSESSMENT FORM

The following information must be obtained from the physician's office.

Patient Name _____ Date of Birth _____
Physician _____ Specimen Collection Date _____
Patient Weight _____ lbs OR _____ kgs
Physician Phone _____
Due Date (EDC) _____ Determined by:
 Last menstrual period, confirmed by ultrasound
 Last menstrual period; date: _____
 Ultrasound

Number of fetuses?

Singleton Twins Unknown

For twins, is pregnancy monochorionic? No Yes Unknown

Patient's race?

Non-Black Black Unknown

Was the patient diabetic at the time of conception?

No Yes

Does the patient currently smoke cigarettes?

No Yes

Has the patient taken valproic acid or carbamazepine during this pregnancy?

No Yes; specify medication: _____

Has the patient had a previous pregnancy with trisomy? (i.e., Down syndrome, trisomy 18 or 13)

No Yes; specify abnormality: _____

Is there a family history of neural tube defects? (i.e., spina bifida, anencephaly, encephalocele)

No Yes; specify the relationship of the affected individual to the fetus: _____

Is this an in vitro fertilization pregnancy?

No Yes; specify the age of the egg donor, if used: _____ years

Has the patient had a previous maternal serum screen in this pregnancy?

No Yes Unknown