Alpha-Fetoprotein (AFP), Maternal Serum for Open Spina Bifida

Order Name: **AFP OSB**
Test Number: 5194838
Revision Date: 12/08/2022

TEST NAME	METHODOLOGY	LOINC CODE
Alpha-Fetoprotein (AFP), Maternal Serum for Open Spina Bifida	Chemiluminescence Assay	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (0.5 mL)**	**Serum**	**Clot Activator SST**	**Room Temperature**

Instructions	
	Specimen Type: Gel-barrier tube
	Specimen Storage: Room temperature
	Specimen Collection: Collect in serum separator tube with gel barrier. Allow blood to clot, avoiding hemolysis. Separate serum from cells by centrifugation. Transport spun tube to testing laboratory. Pour off is not advised. Maternal serum specimens must be drawn prior to amniocentesis to avoid contamination with fetal blood.
	Special Instructions: This test screens for open spina bifida. This test does not screen for Down syndrome or trisomy 18. The following information must be provided: gestational age, date on which the patient was the stated gestational age, how gestational age was determined (LMP, EDD, US), patient's weight, patient's date of birth, patient's race (white, black, other), and insulin-dependent diabetic status. Also indicate relevant patient history, such as prior neural tube defects, ultrasound anomalies, or previous maternal serum screening during this pregnancy. Complete information is necessary to interpret the test. Patient information may be provided to the laboratory using the Maternal Prenatal Screening request form (0900). Specimens must be collected before amniocentesis.
	Specimen Stability: Ambient: 7 days, Refrigerated : 14 days, Frozen: 14 days

GENERAL INFORMATION

Expected TAT	2 - 5 days
Clinical Use	Open spina bifida screening is offered for gestational ages 15.0 to 23.9 weeks. The optimal gestational age for open spina bifida screening is 16.0 to 18.9 weeks.
Notes	Labcorp Test Code: 010801

Prompt Information - *(Please provide as many as possible for the best interpretation)*

REQUIRED	PROMPT CODE	MNEMONIC	LONG NAME	RESULT TYPE
Required Prompt	5194810	LC PAWLBS	Weight (lbs)	5 Dig Numeric
	5195221	LC PAWOZS	Weight (Ounces)	2 Dig Numeric
	5194811	LC INSDEP	Insulin Dependant	Y or N
Required Prompt	5194684	LC GESAWK	Gest Age Weeks (##)	2 Dig Numeric
Required Prompt	5194685	LC GESADY	Gest Age Days (#)	1 Numeric (0-6)
	5195222	LC GESADC	Gest Age In Decimal Form	1 Numeric (0-6)
	5194686	LC GESADT	Gest Age Date of Calc (YYYYMMDD)	YYYYMMDD
	5194687	LC GACMTH	Gest Age Calc Method	LMP, US, EDD/EDC
Requsted if by LMP	5194688	LC LMDATE	LMP Date (YYYYMMDD)	YYYYMMDD
Requsted if by EDD/EDC	5194689	LC EDDATE	EDD/EDC Date (YYYYMMDD)	YYYYMMDD
	5194812	LC NFETUS	Number of Fetuses	1 Dig Numeric (1-9)
Requsted if Present	5194690	LC OTHIND	Other Indications (Y/N)	Y or N
	5194691	LC ADINFO	Additional Info	0-20 characters
	5194692	LC PRELEV	Prev Elevated AFP (Y/N)	Y or N
	5194693	LC DONEGG	Donor Egg (Y/N)	Y or N
	5194694	LC EGGDAG	Age of Egg Donor	2 Dig Numeric
	5194695	LC EGGTYP	Type of Egg Donor	S-SELF, N-NON-SELF
	5194696	LC PDONTD	Prior DS/ONTD Scr Current Preg (Y/N)	Y or N
	5194697	LC PFTTST	Prior 1st Trimester Testing (Y/N)	Y or N
	5194698	LC PSTTST	Prior 2nd Trimester Testing (Y/N)	Y or N
	5194813	LC FHONTD	Family Hx NTD	Y or N
	5194814	LC PPRGWD	Prior Pregnancy with DS	Y or N

CPT Code(s)	82105
Service Provided By	labcorp Oklahoma, Inc.

St. John Health System
Lab Catalog