

MaterniT21 PLUS Core

Order Name: **MT21 CORE**
Test Number: **5194707**
Revision Date: **12/09/2022**

TEST NAME	METHODOLOGY	LOINC CODE
MaterniT21 PLUS Core	See Test Notes	

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	10 mL (8 mL)	Whole Blood	See Instructions	Room Temperature
Instructions	Specimen Type: Black-and-tan-top (Streck) tube (whole blood). Sequenom collection kits are available, (PeopleSoft #116373 379551G-CS-LCA. SEQUENOM-LCA ONLY KIT EA=1/KIT and PeopleSoft #116374 549403G-CS-LCA.SEQUENOM-LCA TEST REG STICKERS ST=3/SET) Specimen Storage: Room temperature. Do NOT refrigerate or freeze. Keep out of direct sunlight. Samples must be shipped to LabCorp in a Sequenom collection kit. Specimen Collection: Only the Sequenom collection kit PS#116373 can be used for collection. Special Instructions: Testing referred to Sequenom Ctr for Molecular Med SEQCA#- The following information must be provided with the test request form: patient's date of birth, gestational age, additional patient demographic information: pregnancy type (singleton or multiple), Specimen Stability: Ambient: Not Available, Refrigerated : Not Available, Frozen: Not Available Sequenom Maternity 21 Requisition			

GENERAL INFORMATION																																																	
Expected TAT	3 - 5 days																																																
Notes	Methodology: Cell-free DNA is isolated from the sample and analyzed using massively parallel sequencing technology. Labcorp Test Code: 451927 Prompt Information - (Please provide as many as possible for the best interpretation) <table><tr><th>REQUIRED</th><th>PROMPT CODE</th><th>MNEMONIC</th><th>LONG NAME</th><th>RESULT TYPE</th></tr><tr><td>Required Prompt</td><td>5194810</td><td>LC PAWLBS</td><td>Weight (lbs)</td><td>5 Dig Numeric</td></tr><tr><td></td><td>5194811</td><td>LC INSDEP</td><td>Insulin Dependant</td><td>Y or N</td></tr><tr><td>Required Prompt</td><td>5194684</td><td>LC GESAWK</td><td>Gest Age Weeks (##)</td><td>2 Dig Numeric</td></tr><tr><td>Required Prompt</td><td>5194685</td><td>LC GESADY</td><td>Gest Age Days (#)</td><td>1 Numeric (0-6)</td></tr><tr><td></td><td>5194686</td><td>LC GESADT</td><td>Gest Age Date of Calc (YYYYMMDD)</td><td>YYYYMMDD</td></tr><tr><td>Required Prompt</td><td>5194687</td><td>LC GACMTH</td><td>Gest Age Calc Method</td><td>LMP, US, EDD/EDC</td></tr><tr><td></td><td>5194688</td><td>LC LMDATE</td><td>LMP Date (YYYYMMDD)</td><td>YYYYMMDD</td></tr><tr><td></td><td>5194689</td><td>LC EDDATE</td><td>EDD/EDC Date (YYYYMMDD)</td><td>YYYYMMDD</td></tr></table>				REQUIRED	PROMPT CODE	MNEMONIC	LONG NAME	RESULT TYPE	Required Prompt	5194810	LC PAWLBS	Weight (lbs)	5 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)		5194686	LC GESADT	Gest Age Date of Calc (YYYYMMDD)	YYYYMMDD	Required Prompt	5194687	LC GACMTH	Gest Age Calc Method	LMP, US, EDD/EDC		5194688	LC LMDATE	LMP Date (YYYYMMDD)	YYYYMMDD		5194689	LC EDDATE	EDD/EDC Date (YYYYMMDD)	YYYYMMDD
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Required Prompt	5194812	LC NFETUS	Number of Fetuses	1 Dig Numeric (1-9)
	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
	5194699	LC AMAANF	Advanced Maternal Age (Y/N)	Y or N
	5194700	LC PSMSST	Positive Maternal Serum Screen (Y/N)	Y or N
	5194701	LC PPANPL	Previous Pregnancy with Aneuploidy (Y/N)	Y or N
	5194702	LC FHCHAB	Family History of Chromosomal Abnormality (Y/N)	Y or N
	5194703	LC ULTFND	Ultrasound Finding (Y/N)	Y or N
	5194704	LC BRTIRT	Balanced Robertsonian Translocatoin (Y/N)	Y or N
	5194705	LC PTCNSL	Pretest Counseling (Y/N)	Y or N
	5194706	LC CFDNAT	Cell-Free DNA Testing (Y/N)	Y or N

CPT Code(s) 81420

Service Provided By

