

MaterniT21 PLUS Core+ESS

Order Name: **MT21 ESS**
Test Number: **5195537**
Revision Date: **02/04/2025**

TEST NAME	METHODOLOGY	LOINC CODE
MaterniT21 PLUS Core+ESS	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: 451931 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; 81422

Service Provided By

labcorp
Oklahoma, Inc.