

**Second Trimester
PRENATAL TESTING REQUISITION
for serum or amnio**



FBR FOUNDATION FOR BLOOD RESEARCH

www.fbr.org
Tel: (207) 883-4131
toll free: 1-800-639-8605
FAX: (207) 883-1379

Mailing Address:
P.O. Box 190
Scarborough, ME 4070-0190

Shipping Address:
8 Science Park Road
Scarborough, ME 04074

PLEASE CHECK : BILL SENDER BILL PATIENT BILL INSURANCE

If insurance information or patient address are not provided, charges will be submitted to Sender

PLEASE HAVE BLOOD DRAWN BETWEEN

____ / ____ / ____ AND ____ / ____ / ____

PATIENT NAME: LAST, FIRST MIDDLE		
BILLING ADDRESS (STREET No. or P.O. BOX)		
CITY	STATE	ZIPCODE
DATE OF BIRTH	SEX:	F
SAMPLE TYPE:	SAMPLE DRAW DATE	
REFERRING PROVIDER	REFERRING PROVIDER SIGNATURE	
PATIENT ID ACCOUNT CODE	HOSP. LAB ORDER CODE	
DIAGNOSIS (text or ICD9 codes)		

SENDER: (Hospital or Laboratory ID)	FOR FBR USE
FOR PATIENT OR INSURANCE BILLING — COMPLETE THE INFORMATION BELOW	
Primary Ins	Secondary Ins
SUBSCRIBER	
INS. CO. NAME	
ID CERT. NO	
GROUP NO	
STATE	
Information relative to these testing services may be requested from or released to third parties for the purposes of clinical assessment or to process claims for payment of benefits.	

CHECK TEST(S) REQUESTED

AFP SERUM STUDIES (complete part A)

- AFP PROFILE FOUR** (AFP, Estriol, hCG, Inhibin)
- AFP ONLY – for Neural Tube Defect screening only**
(after CVS/amnio, elevated AFP or first trimester test)

AMNIOTIC FLUID STUDIES (complete part B)

- AMNIOTIC FLUID AFP**
Plus reflexive AChE and Contamination studies if indicated
 Omit all reflexive testing and associated charges
- ACETYLCHOLINESTERASE priority panel (AChE)**
Includes AChE, AFAFP; plus add'l reflexive studies as indicated
 Omit add'l reflexive testing and associated charges
- FETAL BLOOD CONTAMINATION (FBC)**
- BOVINE SERUM (BSA) CONTAMINATION**

Unless this box is checked, any remaining sample and clinical information may be used to develop future laboratory tests.

PART A Is this test a repeat? **Y** **N**

LMP date: ____ / ____ / ____ U/S date: ____ / ____ / ____ GA on U/S date : ____ wks, ____ days Check box if by BPD

Height: _____ Current weight (lbs.) : _____ Race: Caucasian Black Other

Pregnancy History: Vaginal bleeding this pregnancy? Y N **Insulin dependent diabetic** prior to this pregnancy? Y N

Cigarette smoker? If yes, how many per day? _____ Y N **Multiple pregnancy?** If yes, number of fetuses: _____ Y N

Has the patient had... **Fetal demise this pregnancy?** If yes, explain (comment) Y N

Amniocentesis? or CVS? date ____ / ____ / ____ **IVF this pregnancy?** If donor egg, age of donor: _____ Y N

First trimester test for Down syndrome? date ____ / ____ / ____ **Previous pregnancy** diagnosed to have Down syndrome? Y N

Family history: Spina bifida, Anencephaly, or Hydrocephaly ? Y N
If yes, describe:

PART B

REASON FOR AMNIOCENTESIS

- Elevated serum AFP Abnormal U/S (explain)
- Screen positive for DS History of NTD History of chromosome disorders
- Advanced maternal age Other (specify)

COMMENTS

LMP date: ____ / ____ / ____ If U/S, _____ wks GA on date : ____ / ____ / ____

This specimen is: supernatant whole fluid Is it blood stained ? Y N

CPT Codes by Components

First Trimester screen	CPT
PAPP-A	84163
HCG	84702
Inhibin	86336
Sequential Screen Part 1 (only if screen positive)	
PAPP-A	84163
Sequential Screen Part 2 (see integrated Screen Part 2)	
Integrated Screen Part 2	
PAPP-A	84163
AFP	82105
uE3	82677
hCG	84702
Inhibin	86336
AFP Profile Four	
AFP	82105
uE3	82677
hCG	84702
Inhibin	86336
AFP Only (Serum)	82105
AFP (amniotic fluid)	82106
ACHE Analyses (amniotic fluid)	
ACHE	82013
Electrophoresis	82664
Scan (omit if ACHE is negative)	82143
Blood Contamination Studies	
FBC (Fetal Blood)	86331
BSA Contamination	86185