



State Hygienic Laboratory

U of I Research Park
2490 Crosspark Road
Coralville, IA 52241-4721
Phone # 319-335-4500 or
800-421-IOWA

Ankeny Laboratory
2220 S. Ankeny Blvd.
Ankeny, IA 50023-9093
Phone # 515-725-1600

Lakeside Laboratory
1838 Highway 86
Milford, IA 51351-7267
Phone # 712-337-3669

<http://www.shl.uiowa.edu>

Iowa Maternal Screen Test Request Form

PATIENT INFORMATION											
Patient ID/MRN/Chart ID	Last Name	First Name	Birth Date								
SSN	Address	City	State	Zip Code	Area Code/Phone #						
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown		Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown									
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown		INSURANCE: SHL does not participate in private insurance. To have SHL bill public insurance, check the appropriate box and enter the patient's Insurance ID#, Diagnosis Code, and provider information.									
Public Insurance: <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Amerigroup MCO <input type="checkbox"/> AmeriHealth Caritas MCO <input type="checkbox"/> UnitedHealthcare MCO		Insurance ID# _____ Diagnosis Code _____									
ORDERING HEALTH CARE PROVIDER INFORMATION											
Last Name		First Name	NPI (or Facility's Provider ID)		Area Code/Phone #						
ORGANIZATION INFORMATION (Results are reported to this address. Organizations are responsible for submitting claims to private insurance.)											
Organization Id 7769	Organization Name MERCY MEDICAL CENTER-CHEM SEND OUT		Address 1 1111 6TH AVE								
Address 2		City DES MOINES	State IA	Zip Code 50314							
SAMPLE INFORMATION (Check appropriate sample type and complete requested information. Only one sample per form.)											
Date Collected	Time Collected (24 hr. clock)	Sample Type									
/ /	:	<input type="checkbox"/> Serum (2 mL) <input type="checkbox"/> Amniotic Fluid (AFP only)									
TEST(S) REQUESTED											
<input type="checkbox"/> First Trimester Screen		<input type="checkbox"/> Integrated Screen		<input type="checkbox"/> NTD Screen (AFP only; Serum or Amniotic Fluid)							
<input type="checkbox"/> Quad Screen		<input type="checkbox"/> Sample 1 <input type="checkbox"/> Sample 2									
REQUIRED INFORMATION											
<ul style="list-style-type: none"> By providing all information listed below, the most accurate patient-specific risk can be calculated. An uninterpretable report will be generated when the following are not provided: Serum collection date, Birth Date, LMP/US information, and weight. 											
In-Vitro Fertilization (IVF) with donor egg? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Last Menstrual Period: / /									
If yes to IVF, age of egg donor at time of egg retrieval: _____ yrs		Ultrasound Date: / /									
Patient's Weight: _____ lbs or _____ kg		Crown Rump Length (CRL): _____ mm or _____ cm									
Race Black? <input type="checkbox"/> Yes <input type="checkbox"/> No		OR Biparietal Diameter (BPD): _____ mm or _____ cm									
Number of fetuses: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <small>Note: Risk estimate not available for 3 or more fetuses.</small>		OR Weeks and Days at ultrasound: _____									
Is the patient taking insulin for diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No		Nuchal Translucency (NT) measurement: _____ mm									
Family history of NTD (previous pregnancy, patient or father of baby have NTD)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Sonographer: _____									
SCREENING REQUIREMENTS											
<table border="0"> <tr> <td>Integrated Screen, Sample 1: Serum sample drawn in 1st trimester when CRL is between 32-80 mm.</td> <td rowspan="4"> First Trimester Screen: <input type="checkbox"/> Serum sample drawn when CRL is between 32-80 mm. <input type="checkbox"/> Required NT measured by sonographer certified by PMF; SMFM, MFMF, or NTQR. </td> </tr> <tr> <td>Integrated Screen, Sample 2: Serum sample drawn in 2nd trimester between 15 wks 0 days-20 wks 6 days.</td> </tr> <tr> <td>Quad Screen: Serum sample drawn between 15 weeks 0 days - 20 weeks 6 days.</td> </tr> <tr> <td>NTD Screen: Serum sample drawn between 15 weeks 0 days - 20 weeks 6 days.</td> </tr> </table>							Integrated Screen, Sample 1: Serum sample drawn in 1 st trimester when CRL is between 32-80 mm.	First Trimester Screen: <input type="checkbox"/> Serum sample drawn when CRL is between 32-80 mm. <input type="checkbox"/> Required NT measured by sonographer certified by PMF; SMFM, MFMF, or NTQR.	Integrated Screen, Sample 2: Serum sample drawn in 2 nd trimester between 15 wks 0 days-20 wks 6 days.	Quad Screen: Serum sample drawn between 15 weeks 0 days - 20 weeks 6 days.	NTD Screen: Serum sample drawn between 15 weeks 0 days - 20 weeks 6 days.
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NTD Screen: Serum sample drawn between 15 weeks 0 days - 20 weeks 6 days.											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <i>Note: CRL is required for Integrated or 1st Trimester tests.</i> </div>											



CM 062017

FACILITIES, PLACE YOUR
BARCODED LABEL
WITHIN THIS BOX

FOR INTERNAL USE ONLY