



Non-Invasive Prenatal Screening Tests

BILL TO:

- My Account
- Insurance Provided
- Lab Card/Select
- Patient

PRINT PATIENT NAME (LAST, FIRST, MIDDLE)

REGISTRATION # (IF APPLICABLE)

DATE OF BIRTH: M M D D YEAR SEX

LAB REFERENCE #

CELL PHONE ()

PATIENT ID # / MRN

PATIENT PHONE ()

PATIENT EMAIL ADDRESS

PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT

PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) APT. # KEY #

CITY STATE ZIP

RELATIONSHIP TO INSURED: SELF SPOUSE DEPENDENT

PRIMARY INSURANCE

PRIMARY INSURANCE CO. NAME

MEMBER / INSURED ID NO. #

GROUP #

INSURANCE ADDRESS

CITY STATE ZIP

ABN may be required for tests with these symbols

Medicare Limited Coverage Tests

- @ = May not be covered for the reported diagnosis
- F = Has prescribed frequency rules for coverage
- & = A test or service performed with research/experimental kit
- B = Has both diagnosis and frequency-related coverage limitations

Provide signed ABN when necessary

Visit QuestDiagnostics.com/MLCP for Medicare coverage guidelines

ICD Codes (enter all that apply)

Neural Tube Defect Screening - Maternal Serum AFP

@5059 **Maternal Serum AFP (MSAFP)** (15.0 – 22.9 weeks gestation)
1 mL Red Top SST

Date of Birth: ___/___/___ Collection Date: ___/___/___ Maternal Weight: _____ lbs
Estimated Date of Delivery (EDD): MM/DD/YY

Determined by: Ultrasound Last Menstrual Period (LMP) Physical Exam
Mother's Ethnic Origin: African American Asian Caucasian Hispanic Other: _____
Number of Fetuses: 1 2 More than 2 How many fetuses? _____

- Yes No
- Patient is an insulin-dependent diabetic prior to pregnancy
 - This is a repeat specimen for this pregnancy
 - History of neural tube defect; if yes, explain: _____
 - Patient currently smokes cigarettes
- Other Relevant Clinical Information: _____

Informed Consent for Maternal Serum AFP

- Maternal Serum AFP (MSAFP) is offered to screen for open neural tube defects and may lead to the detection of 95% of fetuses with anencephaly and 65-80% of fetuses with open spina bifida.
 - Neural tube defects (such as spina bifida and anencephaly) occur when the spine and brain do not develop completely.
 - Some open neural tube defects and those covered with skin may not be detected. Most other birth defects and mental retardation are NOT detected by MSAFP screening.
 - Screen positive results mean further testing may be necessary to determine if the fetus has a neural tube defect. Such testing may include a repeat MSAFP test, ultrasound, or removal and testing of a small amount of amniotic fluid (amniocentesis).
 - Screen positive results may occur for reasons such as: miscalculation of due date, twin pregnancy, vaginal bleeding, or the presence of other rare birth defects. Sometimes the results are screen positive for no apparent reason.
 - At the request of your physician, screen positive results will be given to a diagnostic center for follow-up.
- I certify that I have read the above consent and understand its content, including the BENEFITS and LIMITATIONS of Maternal Serum AFP Screening and request that it be performed. I have discussed the test with my physician.

Patient Signature (required for New York residents only) _____ Date _____

Physician Signature (required for New York residents only) _____ Date _____

Call 1.866.GENE.INFO with any questions

Many payers (including Medicare and Medicaid) have medical necessity requirements. You should only order those tests which are medically necessary for the diagnosis and treatment of the patient.

DID YOU KNOW

Call 1.866.GENE.INFO with any questions on test selection.

PSC appointment website and telephone number information listed on the back.

Each sample should be labeled with at least 2 patient identifiers at the time of collection.

ICD Diagnosis Codes are Mandatory. Fill in the applicable fields below.

DATE COLLECTED TIME AM PM TOTAL VOL./HRS. Fasting Non Fasting

NPI/UPIN ORDERING/SUPERVISING PHYSICIAN AND/OR PAYERS (MUST BE INDICATED)

NON-PHYSICIAN PROVIDER: NAME I.D.#

ADDIT'L PHYS.: Dr. NPI/UPIN

Fax Results to: ()

Send Client # OR NAME: _____

Duplicate ADDRESS: _____

Report to: CITY: _____ STATE _____ ZIP _____

Aneuploidy Screening

92777 **QNatal[®] Advanced** for Fetal Chromosomal Abnormalities (as early as 10.0 weeks gestation)

- DO NOT report (opt out) for microdeletions (subchromosomal copy variant)
- DO NOT report (opt out) for fetal sex

Collection Date: ___/___/___ One x 10 mL Cell Free DNA Streck Tube

Estimated Date of Delivery (EDD): ___/___/___ (mandatory)

Number of Fetuses: 1 2

Maternal Height: _____ ft. _____ in. Maternal Weight: _____ lbs.

MEDICAL INDICATION FOR TESTING • Select one or more ICD10 codes if appropriate - or add additional code to describe clinical indication

High risk for fetal chromosomal aneuploidies

Advanced Maternal Age: Primigravida O09.511 1st tri O09.512 2nd tri O09.513 3rd tri
Multigravida O09.521 1st tri O09.522 2nd tri O09.523 3rd tri

Abnormal (MSS) serum biochemical screening: O28.1 Other: _____

Abnormal Ultrasound finding: (specify type[s]) O28.3 Other: _____

Personal or family history and add ICD10 code(s):

Prior pregnancy with trisomy:

- O09.291 Supervision of pregnancy with other poor reproductive or obstetric history, 1st tri
- O09.292 Supervision of pregnancy with other poor reproductive or obstetric history, 2nd tri
- O09.293 Supervision of pregnancy with other poor reproductive or obstetric history, 3rd tri
- O09.299 Supervision of pregnancy with other poor reproductive or obstetric history, unspecified

- O09.891 Supervision of other high risk pregnancies, 1st tri
- O09.892 Supervision of other high risk pregnancies, 2nd tri
- O09.893 Supervision of other high risk pregnancies, 3rd tri
- O09.899 Supervision of other high risk pregnancies, unspecified trimester

Robertsonian translocation Q95.0 Q95.1

Other ICD10 code(s): _____

Ordering provider signature, credentials & date requested (Required by certain payers)

SPECIMEN KEY ON BACK

Provide signed ABN when necessary

ICD Diagnosis Codes are Mandatory. Fill in the applicable fields below.



Provide signed ABN when necessary

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