

McLendon Lab Outreach Program-Maternal Serum Positive Result Form

Phone: (984) 974-3978 Fax: (984) 974-1678

For positive results or recalculations, please call (919) 966-2229 to reach a genetic counselor.

Results called by: _____ Date: _____

Patient Name: _____

Date of Birth: _____

Date of Sample: _____

Specimen code/Lab number: _____

Type of Screening: Second trimester quad screening
 Second trimester AFP only

Screening positive for:

- | | |
|--|-------------|
| <input type="checkbox"/> Down syndrome | Risk: _____ |
| <input type="checkbox"/> Trisomy 18 | Risk: _____ |
| <input type="checkbox"/> Open spina bifida (OSB) | Risk: _____ |
| <input type="checkbox"/> Smith-Lemli-Opitz syndrome (SLOS) | Risk: _____ |

Gestational age on sample date:

_____ Weeks by LMP
 Ultrasound

Recommendations:

- Repeat AFP only, 7-10 days after first draw (for positive OSB only)
- Ultrasound for viability
- Referral for genetic counseling, comprehensive ultrasound, and possible additional testing (such as amniocentesis or cell-free DNA screening)
- Recalculation should be considered if gestational age changes by 10 days or more
- Recalculation based on inaccurate dating is not recommended (positive Trisomy 18 or SLOS)

Notes:
