



## Client Communication

# Alpha-Fetoprotein, Maternal Serum (AFP) Screening Update

Dear valued client,

Great news! To offer you and your patients a quicker turnaround time as well as quality results to which you have become accustomed, ProPath is now performing Alpha-Fetoprotein, Maternal Serum (AFP) Screening in-house. As you know, patient demographic information and especially an accurate estimated gestational age are essential to obtaining the best risk assessment analysis, therefore, we have put together this short guide to aid you in obtaining the required information.

ProPath's AFP testing is validated for patients from  
**14 weeks - 24 weeks 6 days gestation.**

For best results, please answer all ask at order entry (AOE) questions on your lab order form utilizing the outline below:

- |   |   |
|---|---|
| <b>1. Gestation age (GA) as listed on sonogram:<br/>(do not correct to current gestational age)</b>   | <b>Answer: (Weeks.Days)</b>                       |
| <ul style="list-style-type: none"><li>First trimester sonogram is the most accurate measure of gestation age.</li><li>Please provide the GA at SONOGRAM; not at time of collection unless same.</li><li>Answer as N/A if no sonogram or if using LMP only to determine EDD.</li></ul> |   |
| <b>2. Date of sonogram:</b>   | <b>Answer: (MMDDYYYY)</b>                         |
| <ul style="list-style-type: none"><li>Answer as N/A if no sonogram or if using LMP only to determine EDD.</li></ul>   |   |
| <b>3. Date of LMP (last menstrual period):</b>  | <b>Answer: (MMDDYYYY)</b>                         |
| <b>4. EDD (Estimated date of delivery):</b>   | <b>Answer: (MMDDYYYY)</b>                         |
| <ul style="list-style-type: none"><li>If EDD determined by LMP; you may check your answer using the following link:<br/><a href="http://www.medcalc.com/pregnancy.html">http://www.medcalc.com/pregnancy.html</a></li></ul>   |   |
| <b>5. Maternal weight:</b>  | <b>Answer: (lbs.ounces)</b>                       |
| <b>6. Insulin dependent:</b>  | <b>Answer: (Y/N/U)</b>                            |
| <b>7. Number of gestations (fetuses):</b>   | <b>Answer: (# fetus)</b>                          |
| <b>8. Race or ethnicity:</b>  | <b>Answer: (Race/Ethnicity or NG [Not given])</b> |
| <b>9. Smoker:</b>   | <b>Answer: (Y/N/U)</b>                            |
| <b>10. History of NTD:</b>  | <b>Answer: (Y/N/U)</b>                            |
| <b>11. Initial sample/Repeat/Unknown:</b>   | <b>Answer: (Initial/Repeat/Unknown)</b>           |

If you have any questions, please contact Amy Doty, clinical specialist, at **214.490.2079**.

