

# OBSTETRICS

**STAT**  CALL REPORT \_\_\_\_\_ (AFTER HOURS PHONE)  
 FAX REPORT \_\_\_\_\_



PeaceHealth  
Laboratories

PO Box 77003  
Eugene, OR 97401  
541-687-2134  
1-800-826-3616  
www.peacehealthlabs.org

**PATIENT SERVICE CENTERS ON REVERSE**

Place label here →  
PROBLEM  
INITIALS  
SOLVED  
RECEIVE  
PHLE  
SST  
RED  
LAV  
BLUE  
YELLOW  
GREEN  
GREY  
SERUM  
PLASMA  
SLIDE  
URINE  
CULT  
MSC  
FZN

PATIENT	LAST NAME		FIRST		MI
	SEX	DOB	SSN		
	PATIENT PHONE		CHART # / PID #	<input type="checkbox"/> GENETIC OPT OUT	
RESPONSIBLE PARTY	LAST NAME		FIRST		MI
	MAILING ADDRESS		CITY	STATE	ZIP
	INSURANCE CO				
	MAILING ADDRESS		CITY	STATE	ZIP
ID NO.			GROUP NO.		

**Bill to:**  Insurance  Medicare/Medicaid  Patient  Client/Office

**LAB USE ONLY**

104 120	<input type="checkbox"/> ABN not needed
106 121	<input type="checkbox"/> ABN enclosed
107 123	<input type="checkbox"/> Billing checked
109 125	
111 126	<input type="checkbox"/> 95730 Venipuncture
112 129	<input type="checkbox"/> 95250 Handling
113 130	<input type="checkbox"/> 95170 Heel/finger stick
115 601	<input type="checkbox"/> 95290 Handling/Venipuncture (study pts only)

**SEND DUPLICATE REPORT TO: FULL NAME & ADDRESS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE AND TIME COLLECTED \_\_\_\_\_ FASTING \_\_\_\_\_ HRS PP \_\_\_\_\_

**Patient Instructions:**  
First Trimester to be drawn between \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ and \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Second Trimester to be drawn between \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ and \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**ICD-9** 1. 2. 3. 4.

**NOTE: If all information is not provided, testing could be delayed until the missing information is obtained.**

**Completely Fill in Circle Next to Ordered Test(s)**

60205 Beta Strep Culture, Vaginal/Rectal (Prenatal only)  
Allergic to Penicillin?  Yes  No

41970 Cystic Fibrosis (CF) Carrier Screen **Complete Section A on Right**  
**\*\*Pre-authorization # \_\_\_\_\_**

42000 HIV Antibody

10900 Obstetric Panel

10901 Obstetric Panel with HIV

**Early Detect Prenatal Screening (select only one test)**

**Sequential Integrated with NT (Requires 1st and 2nd trimester specimens)**

41990 Sequential Integrated Screen – First Trimester

- NT Measurement required
- Blood drawn between 10 weeks, 5 days - 13 weeks, 6 days
- **Complete ALL questions in Section B EXCEPT 12**

41968 Sequential Integrated Screen – Second Trimester

- Blood drawn between 15 weeks, 0 days - 21 weeks, 6 days
- **Complete only bolded questions in Section B (1, 2, 4, 11 & 12)**

**Serum Integrated without NT (Requires 1st and 2nd trimester specimens)**

41989 Serum Integrated Screen – First Trimester

- NT Measurement not required
- Blood drawn between 10 weeks, 5 days - 13 weeks, 6 days
- **Complete ALL questions in Section B EXCEPT 3 & 12**

41962 Serum Integrated Screen – Second Trimester

- Blood drawn between 15 weeks, 0 days - 21 weeks, 6 days
- **Complete only bolded questions in Section B (1, 2, 4, 11 & 12)**

**Only First Trimester Prenatal Screen (Requires 1st trimester specimen only)**

41980 First Trimester Prenatal Screen

- NT Measurement required
- Blood drawn between 10 weeks, 5 days - 13 weeks, 6 days
- **Complete ALL questions in Section B EXCEPT 12**

**Only Second Trimester Screens Complete ALL questions in Section B EXCEPT 3 & 11**

41955 Down Syndrome/Neural Tube Defect (Quad Marker)

41905 Neural Tube Defect Risk Only

**Section A - Required for Cystic Fibrosis Testing**

1. Ethnicity (check all that apply)

<input type="checkbox"/> Ashkenazi Jewish (AJ)	<input type="checkbox"/> Native American (NAA)
<input type="checkbox"/> European Caucasian (EUC)	<input type="checkbox"/> Asian American (ASA)
<input type="checkbox"/> African American (AFA)	<input type="checkbox"/> Multi-ethnic (list) _____
<input type="checkbox"/> Hispanic American (HIA)	<input type="checkbox"/> Unknown or other (if other, list) _____

2. Family Member (blood relative) with CF?  Yes  No  Unknown  
If Yes, Relation of Family Member, \_\_\_\_\_  
Is the mutation(s) known?  Yes  No  
If Yes, list \_\_\_\_\_

**Section B - Required for Early Detect Prenatal Screening**

1. EDD (Due Date, month/day/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ determined by:  
 LMP  Physical Exam  Ultrasound Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2. Number of fetuses  1  2

3. NT Measurement: completed by NT Certified Sonographer (1st trimester)

NT \_\_\_\_\_ mm CRL \_\_\_\_\_ mm (CRL Min: 39.0mm, CRL Max: 80.0mm)

NT \_\_\_\_\_ mm CRL \_\_\_\_\_ mm (Twin if applicable)

NT Certified Sonographer: \_\_\_\_\_ Certification # \_\_\_\_\_  
Date Performed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

4. Current Patient Weight: \_\_\_\_\_

5. Maternal Race:  Black  Non Black

6. Insulin Dependent Diabetic:  Yes  No

7. IVF Pregnancy:  Yes  No

Patient's egg  Donor Egg Egg donor age at EDD: \_\_\_\_\_

8. Previous child with Neural Tube Defect:  Yes  No

9. Previous child with Down Syndrome:  Yes  No

10. DOB of previous NTD/Down Syndrome Child \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

11. 1st Trimester Screen performed previously for this pregnancy:  Yes  No

12. 2nd Trimester Screen previously performed for this pregnancy:  Yes  No

**\*\*Some insurance carriers require pre-authorization for Cystic Fibrosis.**

**For additional test ordering, use the Standard Requisition form.**

Lab Copies - White Client Copy - Yellow Patient Copy - Pink

## Panels and Profiles

### Cystic Fibrosis, (CF) Carrier Screen Components

Unit code 41970

Includes the standard mutation panel recommended by the American College of Obstetrics and Gynecology (ACOG) and the American College of Medical Genetics (ACMG).

ΔF508	ΔI507	G542X	G551D	W1282X	N1303K
R553X	621+1G>T	R117H	1717-1G>A	A455E	R560T
R1162X	G85E	R334W	R347P	711+IG>T	1898+1G>A
2184ΔA		3849+10kbC>T		2789+5G>A	3659ΔC
3120+1G>A					

### Obstetric Panel

Unit code 10900

ABO  
Antibody Screen  
CBC  
HBsAg  
Rh  
RPR  
Rubella

### Obstetric Panel w/HIV

Unit code 10901

ABO  
Antibody Screen  
CBC  
HBsAg  
Rh  
RPR  
Rubella  
HIV

### Sequential Integrated Screen with NT - First Trimester

Unit code 41990

Human Chorionic Gonadotropin (HCG)  
Pregnancy Associated Plasma Protein-A (PAPP-A)  
Interpretation (NT measurements included in interpretation)

### Sequential Integrated Screen - Second Trimester

Unit code 41968

Human Chorionic Gonadotropin (HCG)  
Maternal Serum Alpha Fetoprotein (MSAFP)  
Unconjugated Estriol (UE3)  
Inhibin A  
Interpretation (includes NT measurement)

### Serum Integrated Screen without NT - First Trimester

Unit code 41989

Human Chorionic Gonadotropin (HCG)  
Pregnancy Associated Plasma Protein-A (PAPP-A)  
Interpretation

### Serum Integrated Screen - Second Trimester

Unit code 41962

Human Chorionic Gonadotropin (HCG)  
Maternal Serum Alpha Fetoprotein (MSAFP)  
Unconjugated Estriol (UE3)  
Inhibin A  
Interpretation

### Only First Trimester

#### Prenatal Screen

Unit code 41980

Human Chorionic Gonadotropin (HCG)  
Pregnancy Associated Plasma Protein-A (PAPP-A)  
Interpretation (includes NT measurement)

### Down NTD Screen

#### (Quad Marker)

Unit code 41955

Human Chorionic  
Gonadotropin (HCG)  
Maternal Serum Alpha  
Fetoprotein (MSAFP)  
Unconjugated Estriol (uE3)  
Inhibin A  
Interpretation

## Tests Requiring Preauthorization

If your patient has one of the following health plans that requires preauthorization for the tests listed, please contact the health plan for preauthorization prior to collecting the specimen. This list is meant as a guide only. Health plans may change without notification.

### Test

41970 Cystic Fibrosis Carrier Screen

### Companies Requiring Preauthorization

Greatwest Life  
Oregon Health Plans  
PacificSource  
Providence Health Plans  
Tricare

## Patient Service Centers (Call or visit [www.peacehealthlabs.org/locations](http://www.peacehealthlabs.org/locations) for hours and maps)

### EUGENE

#### **Coburg Road**

1755 Coburg Rd. Bldg. #1 ph. 541-484-6215  
Eugene, OR 97401 fax 541-684-8210

#### **PeaceHealth Medical Group - Barger**

4010 Aerial Way ph. 541-242-8390  
Eugene, OR 97402 fax 541-242-8392

#### **PeaceHealth Medical Group - Downtown**

1162 Willamette, 2nd Floor ph. 541-687-6084  
Eugene, OR 97401 fax 541-302-4681

#### **PeaceHealth Medical Group - South**

3299 Hilyard St. ph. 541-349-7122  
Eugene, OR 97405 fax 541-349-7133

#### **Santa Clara - Lone Oak Building**

217 Division Ave., Suite A ph. 541-463-0543  
Eugene, OR 97404 fax 541-463-0545

### SPRINGFIELD

#### **McKenzie Medical Center**

960 North 16th St., Suite 211 ph. 541-341-8046  
Springfield, OR 97477 fax 541-984-8214

#### **RiverBend Pavilion, First Floor**

3377 RiverBend Dr. ph. 541-222-8203  
Springfield, OR 97477 fax 541-222-6062

#### **Northwest Specialty Clinics**

3355 RiverBend Dr., Ste 450 ph. 541-222-1810  
Springfield, OR 97477 fax 541-222-7576

### FLORENCE

#### **Peace Harbor Hospital Internal Medicine Building**

380 E Ninth Street ph. 541-997-0242  
Florence, OR 97439 fax 541-997-7380

### JUNCTION CITY

#### **Junction City Medical Clinic**

355 West Third Avenue ph. 541-222-7570  
Junction City, OR 97448 fax 541-998-8206

### ROSEBURG

2510 NW Edenbower Blvd., ph. 541-672-1650  
Suite 146 fax 541-672-0395  
Roseburg, OR 97471

### PORTLAND

#### **West Linn**

2008 Willamette Falls Dr 100A ph. 503-557-0115  
West Linn, OR 97068 fax 503-239-1897