

Section: Division of Nursing

* PROCEDURE *

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Issue Date: August 8, 1990
Revised By: April, 2005

Approval: _____

HACKETTSTOWN COMMUNITY HOSPITAL

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HEALTHSTART
(Scope)

TITLE: Quad Screen Testing

PURPOSE: To communicate information needed to obtain an accurate test result for certain genetic abnormalities.

EQUIPMENT: 1. AFP/Triple Screen request form or
2. LabCorp AFP form

CONTENT: PROCEDURE

KEY POINTS

1. Order via the computer or with LabCorp form depending on insurance.
2. Provide the following information:
 - a. Gestational Age
 - b. LMP and EDC
 - c. Weight
 - d. Race
 - e. Insulin dependent diabetic or non-diabetic.
 - g. Multiple gestation
3. Provider order reflected in chart
4. If the gestational age is questionable, a sonogram should be obtained prior to AFP (with medical care provider's order).
5. If results are not within normal limits follow-up testing will be done as ordered.

Specimen should be obtained at 15-19 weeks gestation with the optimal age of 16 weeks..