

**Date:** March 15, 2011

**To:** South Zone – West  
Physicians, Laboratory Sites, Collection Sites, Data Centre

**From:** AHS Laboratory Services – South Zone (West)

**Re:** LB-02-11 Referral Laboratory Change

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**PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE**

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## Key Messages:

South Zone West Laboratories perform 97% of testing in the zone. The remaining 3% is sent to a reference lab for testing. We are changing our primary reference lab centre from University of Alberta to Calgary Laboratory services. The transition to Calgary Laboratory Services will occur March 18 to March 21, 2011.

## Why this is important:

- There are some changes to collection containers. The laboratory guide to services and Meditech user notes are being updated with these changes.
- There may be some changes in reference ranges. Laboratory reports will contain the new reference range.
- The transition from University of Alberta to Calgary Laboratory services will take place over March 17 & 18. However you will see reports coming back from both sites until the samples in the system are completed.
- There is one noted change to history forms:
  - Maternal Serum Prenatal Screen form FC-2182-11/07 is **no longer valid**
  - **Use the Calgary Laboratory Services form CLS #CH3011 “SECOND TRIMESTER PRENATAL SCREEN” (see reverse).** This form will be replaced on the physician office supply, hospital labs collection site order forms.
  - Please write “Second Trimester Prenatal Form” on your order supply sheet until such time as the order forms are updated and distributed.

## Action Required:

- Pay particular attention to reference ranges.
- Order a new supply of prenatal screening history forms.

## For additional questions contact:

- Dr. Barbara Popma 403-388-6153
- Lisa Vandergouwe 403-388-6065

## This bulletin has been reviewed and approved by:

Dr. B. Popma, Zone Clinical Dept. Head (Co-Lead) Laboratory South Zone  
Clinical Department Facility Chief - Chinook Regional Hospital



## SECOND TRIMESTER PRENATAL SCREEN

Second Trimester Prenatal Screen is a screen for Down syndrome, Trisomy 18 and neural tube defects. Prenatal screening requires patient education and should proceed only with the informed choice of the patient. Information brochures are available through the Prenatal Genetics Clinic. Blood should be drawn between 15 3/7 – 16 3/7 weeks to provide time for follow-up counseling and diagnostic testing if required. Interpretation is not available for samples drawn prior to 15 0/7 weeks or later than 20 6/7 weeks.

**THE ACCURACY OF ALL PATIENT INFORMATION IS ESSENTIAL FOR A VALID INTERPRETATION.**

PROVINCIAL HEALTH INSURANCE #: \_\_\_\_\_

PATIENT: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YY MM DD

Date Blood Drawn: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YY MM DD

### TESTS REQUIRED:

MATSC ☐ Second Trimester Prenatal Screen – AFP, B-HCG and Estriol  
(For Down Syndrome, Trisomy 18 and Neural Tube Defect Screening)

MATAFP ☐ AFP only (For Neural Tube Defect Screening)

CLINICAL INFORMATION: *(Incomplete or inaccurate information will affect a valid interpretation)*

Maternal Race: ☐Caucasian ☐Black ☐Other: \_\_\_\_\_ (Please specify)

Last Menstrual Period: \_\_\_\_/\_\_\_\_/\_\_\_\_ EDD: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YY MM DD YY MM DD

EDD calculated by: LMP ☐ Ultrasound ☐ Gestational age on date of blood work: \_\_\_\_\_

### Ultrasound Measurements

Date performed: \_\_\_\_/\_\_\_\_/\_\_\_\_ CRL: \_\_\_\_\_ mm BPD: \_\_\_\_\_ mm  
YY MM DD

Insulin-dependent diabetes mellitus? No ☐ Yes ☐ (Note: NOT gestational diabetes)

Single Pregnancy? ☐ Twins? ☐ Pregnancy by IVF? ☐

Current Weight: \_\_\_\_\_ kg ☐ lb ☐

Referring Physician: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_

Copy to: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_