



## PRENATAL REFERENCE SHEET

Hours and/or Business Days

TUBE TOP COLOR	# OF TUBES	TESTS MENU	SEND TO	TURN AROUND TIME FROM RECEIPT OF SAMPLE
	1 per	<input type="checkbox"/> Paternity Testing	LENETIX <sup>®</sup>	<b>3 - 5 Days</b> • Swab firmly inside of each patient's mouth area One swab kit per person. • Refrigerate until shipment
	1	<p><b>FIRST &amp; SECOND TRIMESTER</b></p> <p><input type="checkbox"/> <b>Integrated 190 Test</b></p> <p>3327 <input type="checkbox"/> Stage 1: PAPP-A (11 weeks 0 days - 13 weeks 6 days)</p> <p>3325 <input type="checkbox"/> Stage 2: AFP, total <math>\beta</math>hCG, uE3, inhibin A (15 weeks 0 days - 22 weeks 6 days)</p> <p><input type="checkbox"/> <b>Modified Sequential 30•190</b>    <input type="checkbox"/> <b>Contingent 30•1500•190</b></p> <p>1414 <input type="checkbox"/> Stage 1: PAPP-A, total <math>\beta</math>hCG (11 weeks 0 days - 13 weeks 6 days)</p> <p>3325 <input type="checkbox"/> Stage 2: AFP, total <math>\beta</math>hCG, uE3, inhibin A (15 weeks 0 days - 22 weeks 6 days)</p> <p><b>FIRST TRIMESTER</b> - (11 weeks 0 days - 13 weeks 6 days)</p> <p>1414 <input type="checkbox"/> Combined (total <math>\beta</math>hCG, PAPP-A)</p> <p>1414A <input type="checkbox"/> Combined Plus (total <math>\beta</math>hCG, PAPP-A, inhibin A)</p> <p><b>SECOND TRIMESTER</b> - (15 weeks 0 days - 22 weeks 6 days)</p> <p>3121 <input type="checkbox"/> Quad Screen (AFP, total <math>\beta</math>hCG, uE3, inhibin A)</p> <p>1520 <input type="checkbox"/> Triple Screen (AFP, total <math>\beta</math>hCG, uE3)</p> <p>608 <input type="checkbox"/> AFP (ONTD Only)</p> <p>1101 <input type="checkbox"/> Inhibin A</p> <p>0505 <input type="checkbox"/> Inhibin B</p> <p><input type="checkbox"/> Other _____</p>	LENETIX <sup>®</sup>	<p><b>Stage 1</b> Held until Stage 2</p> <p><b>Stage 2</b> 24 - 48 hours</p> <p><b>All others</b> 24 - 48 hours</p> <p><b>Handling:</b> • Allow to clot about 30 minutes and spin 2500 rpm for 10 minutes. • Refrigerate until shipment</p>
	1-3	<p>1655, 3108 <input type="checkbox"/> Amniotic Fluid Chromosome Analysis (Includes Amniotic Fluid AFP)</p> <p>1118 <input type="checkbox"/> Chorionic Villus Sampling (CVS)</p> <p>1116 <input type="checkbox"/> POC/Other Tissue, Specify: _____</p> <p>1094 <input type="checkbox"/> AneuVysion<sup>®</sup> FISH (Chromosomes 13, 18, 21, X, Y)</p> <p>0929 <input type="checkbox"/> QF - PCR (Chromosomes 13, 18, 21, X, Y)</p> <p>3108 <input type="checkbox"/> Amniotic Fluid AFP</p> <p>82103 <input type="checkbox"/> Acetylcholinesterase (ACHE)</p>	LENETIX <sup>®</sup> <b>Handling:</b> • Maintain room temperature • DO NOT FREEZE	<p><b>7 - 15 days</b></p> <p><b>24 - 36 hours</b></p> <p><b>7 to 14 days</b></p>
	1	<p>684 <input type="checkbox"/> Peripheral Blood Chromosome Analysis</p> <p>1094 <input type="checkbox"/> AneuVysion<sup>®</sup> FISH (Chromosomes 13, 18, 21, X, Y)</p>	LENETIX <sup>®</sup>	<p><b>Handling:</b> • See box below</p> <p><b>7 - 15 days</b></p> <p><b>24 - 36 hours</b></p> <p><b>Handling:</b> • See box below</p>
	4	556 <input type="checkbox"/> Tay-Sachs (Enzyme)	LENETIX <sup>®</sup>	<p><b>4 - 7 days</b></p> <p><b>Handling:</b> • Draw 4 full tubes • Invert tubes 8 times to prevent clotting • Refrigerate until shipment</p>
	2-5	<p>3417 <input type="checkbox"/> Ashkenazi Jewish Carrier 9 Risk Assessment: Cystic Fibrosis, Tay-Sachs, Canavan Disease, Gaucher Disease, Bloom Syndrome, Niemann-Pick Disease (Type A and Type B), Fanconi Anemia (Group C), Familial Dysautonomia, Mucopolipidosis (Type IV)</p> <p>1278 <input type="checkbox"/> Bloom Syndrome</p> <p>1508 <input type="checkbox"/> Canavan Disease</p> <p>1800 <input type="checkbox"/> CF (5T-Allele)</p> <p>1341 <input type="checkbox"/> Cystic Fibrosis</p> <p>3135 <input type="checkbox"/> Familial Dysautonomia</p> <p>1788 <input type="checkbox"/> Familial Hyperinsulinism</p> <p>738 <input type="checkbox"/> Fanconi Anemia (Group C)</p> <p>2006 <input type="checkbox"/> Fragile X Syndrome</p> <p>1509 <input type="checkbox"/> Gaucher Disease</p> <p>318 <input type="checkbox"/> Glycogen Storage (Type 1A)</p> <p>319 <input type="checkbox"/> Maple Syrup Urine Disease</p> <p>6410 <input type="checkbox"/> Mucopolipidosis (Type IV)</p> <p>3127 <input type="checkbox"/> Niemann-Pick Disease (Type A &amp; B)</p> <p>243 <input type="checkbox"/> Sickle Cell Anemia</p> <p>558 <input type="checkbox"/> Tay-Sachs DNA (Reflex)</p> <p>2313 <input type="checkbox"/> Y Chromosome Microdeletion</p> <p><input type="checkbox"/> Other _____</p>	LENETIX <sup>®</sup>	<p><b>Ranges from 24 hours to 3 - 5 Days to 10 - 21 days</b></p> <p>Call <b>LENETIX<sup>®</sup></b> for specific turn around time</p> <p><b>Handling:</b> • Draw 2 - 5 full tubes depending on number of tests ordered. • Invert tubes 8 times to prevent clotting • Refrigerate until shipment</p>
	3	2312 <input type="checkbox"/> SRY, X & Y	LENETIX <sup>®</sup>	<p><b>3 - 5 Days</b></p> <p><b>Handling:</b> • Draw 3 White and 1 Purple tubes. • Invert 8 times to prevent clotting • Refrigerate until shipment • <b>MUST DRAW &amp; SHIP MONDAY-THURSDAY ONLY!</b> • DO NOT FREEZE</p>
	1	1118 <input type="checkbox"/> RhD & SRY Genotyping (must be drawn after 15 weeks gestational age)		

LENETIX<sup>®</sup> Medical Screening Laboratory, Inc., standard office hours are:

Monday through Friday  
9:00 am to 5:00 pm

Saturday and holiday specimen pickup and testing procedures done by appointment only.



CALL 516-320-6370  
FOR MORE INFO AND SHIPPING  
OR COURIER INSTRUCTIONS



Time starts after receipt of specimen at the LENETIX<sup>®</sup> facility.

The times are for your use as a guideline.