



## **Test Update 894**

**Posted Date** 12/11/2024  
**Effective Date** 12/09/2024  
**Update Type** [Test Discontinued](#)  
**CPT Code** 81508

### **TESTS DISCONTINUED**

#### **First Trimester Screen (Maternal Serum)**

Order Code: FTS1  
Fee Code: AA834 (CPT 81508)  
Reference Laboratory: Warde FTS1

#### **Serum Integrated Screen Part 1 (Maternal Serum)**

Order Code: INTG1  
Fee Code: AA426 (CPT 84163)  
Reference Laboratory: Warde INTG1

#### **Serum Integrated Screen Part 2 (Maternal Serum)**

Order Code: INTG2  
Fee Code: AA427 (CPT 81511)  
Reference Laboratory: Warde INTG2

Warde Medical Laboratory has discontinued offering their First Trimester Screen and Serum Integrated Screen assays effective December 9, 2024. Requests for Integrated Maternal Serum Screening will be sent to Mayo Clinic Laboratories (test IDs FFMSS and FMSS2).

Since the emergence of non-invasive prenatal testing (NIPT) using maternal blood as a source of fetal DNA for genetic defect assessment, the maternal serum screen testing landscape has evolved. In particular, changes at the national organizations providing quality assessment/certification for fetal ultrasonography have impacted Warde's ability to continue screening panels that use fetal measurements in conjunction with serum markers. Warde's test codes FINT1, FTS1, and SEQ1 will be discontinued 12/9/24. Although the two-part serum integrated screen INTG1 and INTG2 does not incorporate ultrasonographic inputs, this test is also being discontinued due to very low volumes. Note that two-part screens will be completed if the first specimen is received before 12/9/24.

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The second trimester Quad Screen (Maternal Serum) (order code QUAD1) and stand-alone Alpha

Fetoprotein, Serum, Maternal (order code MAFP1) assays remain available. At 15 weeks, and up until 22 weeks+6 days, Warde's Quad screen (QUAD1) can be used to assess risk for Down Syndrome, Trisomy 18, and neural tube defects. At 15 weeks, and up until 22 weeks+6 days, Warde's AFP screen (MAFP1) can be used to assess for neural tube defect risk.

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