MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN
LABORATORIES

Test Update 967

Posted Date 08/12/2026
Effective Date 08/24/2026
Test Name Quad Screen (Maternal serum)
Update Type Miscellaneous
CPT Code 81511

REFERENCE LABORATORY CHANGE

Quad Screen (Maternal Serum)

Order Code: QUAD1

Fee Code: AA003 (CPT 81511)

Reference Laboratory: Warde QUAD1

New Order Code: AQUAD

New Reference Lab: ARUP 3000143

Warde Medical Laboratory is discontinuing their QUAD screen assay effective August 24, 2026. Requests for this test will be sent to ARUP Laboratories. This test is used to screen for fetal risk of Down syndrome (trisomy 21), trisomy 18, and Open Neural Tube Defect (ONTD, spina bifida).

Collection Instructions: Specimen must be drawn between 14 weeks, 0 days and 24 weeks, 6 days gestation. The recommended time for maternal serum screening is 16 to 18 weeks gestation. Collect specimen in an SST or red top tube. Centrifuge within 2 hours of collection, aliquot 3 mL (minimum 1 mL) of serum into a plastic vial, and refrigerate.

Please provide a completed MLabs QUAD/AFP Requisition or ARUP Maternal Serum Testing Patient History Form or include the following information with the specimen: Patient's date of birth, current weight, due date, dating method (US, LMP), number of fetuses present, patient's race, if the patient was diabetic at the time of conception, if there is a known family history of neural tube defects, if the patient has had a previous pregnancy with a trisomy, if the patient is currently smoking, if the patient is taking valproic acid or carbamazepine (Tegretol), if this is a repeat sample, and the age of the egg donor if in vitro fertilization.

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