

# MSAFP Prenatal Screening Order

Patient & Blood Draw Instructions

## Patient Instructions

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1. Review “California Prenatal Screening Program Patient Booklet”:
  - ✓ Confirm your consent to participate in the Prenatal Screening Program.
  - ✓ Review privacy statement section of the booklet.
2. Complete the “Patient Consent” section with signature and date on the “MSAFP Electronic Order & Consent” or “MSAFP Screening Order Form”.
3. Bring all the pages of this order to the blood draw station, which includes:
  - ✓ “MSAFP Order Patient & Blood Draw Instructions” (this page).
  - ✓ “MSAFP Electronic Order & Consent” or “MSAFP Screening Order Form” completed with your signature and date.
  - ✓ Copy of insurance card.
  - ✓ USPS prepaid mailing sticker.
4. Test results will be mailed to your clinician about ten days after your blood is drawn.
5. If insurance information is not included, in a few weeks, you will receive a bill for the prenatal screening test.

## Blood Draw Instructions

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Tubes supplied by the Prenatal Screening (PNS) Program must be used. The blood specimen will not be analyzed if other tubes are used. To order MSAFP supplies at no charge, call (877) 984-8450.

1. Confirm the “Patient Consent” section has been completed with signature and date on the “MSAFP Electronic Order & Consent” or “MSAFP Screening Order Form”. Have patient sign and date if not complete.
2. Fill in “Blood Draw Facility” section on the “MSAFP Electronic Order & Consent” or “MSAFP Screening Order Form”.
  - a. If “MSAFP Electronic Order & Consent” fill in the Draw Date on the “Blood Draw Tube” sticker and apply to the specimen tube.
  - b. If “MSAFP Screening Order Form” fill in the patient’s last name, date of birth, and blood draw date on the specimen tube label.
3. Draw the patient's blood using the 3.5 mL serum separator tube supplied by the Program.
4. Gently invert tube 5 times to mix clot activator with blood. Let whole blood stand 1/2 hour to 1 hour before centrifuging. Centrifuge at FULL SPEED (between 1100g and 1300g) for 10-15 minutes or until the barrier forms with clear serum above gel.
5. Place tube in the blue plastic tray. Place plastic tray in the absorbent pouch. Seal the pouch. Do not put the form(s) in the pouch with the specimen.
6. Place pouch, copy of patient's insurance (or Medi-Cal) card, and the “MSAFP Electronic Order & Consent” or “MSAFP Screening Order Form” in the red mailing box.
7. Close the ends of the mailing box and insert the lock tabs. Tape is not necessary.
8. If mailing specimen: apply the provided Business Reply Label and put it on the red box supplied by the Prenatal Screening Program. Mail the same day, if possible.
9. If specimen is sent by courier, follow the courier's instructions for packaging.

## Requirements To Place An MSAFP Order

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An MSAFP order may be requested if all the following conditions for this pregnancy are true:

- Less than 3 fetuses.
- No known fetal demise at or after 8 weeks 0 days. (e.g., demise of one fetus of twin pregnancy, vanishing twin, molar pregnancy, fetal pole no longer present, or ectopic fetus)
- No fetal reduction.
- No diagnosis of: open spina bifida, neural tube defect, anencephaly, encephalocele, gastroschisis, omphalocele, limb body wall defect, or unspecified abdominal wall defect.
- No amniocentesis with AFAFP (amniotic fluid alpha fetoprotein) result or pending result.
- No fetal surgery. (e.g., twin to twin transfusion laser ablation)
- No positive or negative MSAFP (maternal serum alpha fetoprotein) result through the California Prenatal Screening Program.

## Clinician Instructions

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1. Review the “California Prenatal Screening Program Patient Booklet” with patient. Obtain the consent/decline signature and date from the patient.
2. Confirm “Patient Consent” section has been completed with signature and date on the “MSAFP Electronic Order & Consent” or “MSAFP Screening Order Form”. Have patient sign and date if not complete.
  - a. “MSAFP Electronic Order & Consent” can be downloaded from the Portal after successfully submitting an order. Must be printed at 100% scale on label paper provided by GDSP.
3. Make a copy of the patient’s insurance card. Verify the insurance information entered matches the attached insurance card copy. If an electronic order, apply the barcode sticker from the “MSAFP Electronic Order & Consent” to the copy of the insurance card. Insurance information discrepancies will cause billing delays.
4. Print these instructions on individual pages (not front and back).
5. Assemble packet for the patient, which includes:
  - ✓ “MSAFP Order Patient & Blood Draw Instructions” page.
  - ✓ “MSAFP Electronic Order & Consent” or “MSAFP Screening Order Form” completed by the patient with signature and date.
  - ✓ Copy of insurance card (with barcode sticker attached if electronic order).
  - ✓ USPS prepaid shipping label.
  - ✓ (If applicable) Blood draw kit.
6. Give the patient the above packet and instruct them to bring it when they get their blood drawn.