THE CALIFORNIA PRENATAL SCREENING PROGRAM

Quick Reference Guide

FOR NT PRACTITIONERS

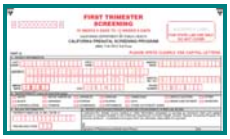
You must be credentialed by Nuchal Translucency Quality Review (NTQR) or Fetal Medicine Foundation (FMF) and registered with the State to participate in the California Prenatal Screening Program. If you do not have a credential ID number, please call NTQR or FMF at the numbers provided on the back of this guide.

Patient tracking and risk assessment will be conducted by the Screening Information System (SIS).

NT Practitioners can submit data in three ways:

Enter data directly into SIS. Patients must have blood drawn 3-4 days prior to NT exam.

Send data to clinicians via fax or mail. Clinicians then incorporate data into patient files and submit it to SIS on Test Request Forms (TRFs).



Enter the data directly onto the Test Request Form (TRF). The data is then submitted to the lab along with the blood specimen.

If data cannot be entered in one of these three ways, please call the Prenatal Screening Coordinator.

How to become a SIS user

- To access SIS, you must register with the Genetic Disease Screening Program (GDSP) *as a California NT* and obtain a User Sign-in ID and password.
- You must sign an Oath of Confidentiality regarding communication of patient options.
- You must take a web-based e-learning SIS training course.
- Detailed instructions and materials are located on: http://www.cdph.ca.gov/programs/pns/pages/ntpractitioner.aspx

How to reach a Prenatal Screening Coordinator

Prenatal Screening Coordinators oversee case information. You can call a Coordinator to help access a particular case, to verify patient information, or to enter NT data into a case.

Prenatal Screening Coordinators are assigned based on clinician ZIP code. A full list of Coordinators and phone numbers is in the Comprehensive Manual link on the Program's NTP webpage: http://www.cdph.ca.gov/programs/pns/pages/ntpractitioner.aspx.

If you are using SIS and encounter problems with case interpretation, the Coordinator's phone number will be provided on the screen.

If you cannot determine the appropriate Prenatal Screening Coordinator to call, you may call the Genetic Disease Screening Program Coordinator at (510) 412-1518.

NT data can also be sent to the referring clinician, who will submit data to SIS on a TRF.

When sending data to a clinician, please remember to include all required fields:

- Client name and TRF or Accession #
- NT Practitioner credential ID #
- NT exam date
- Number of fetuses and chorionicity
- CRL measurement
- NT measurement

If twins are present, include CRL and NT measurements for both fetuses or indicate "unable to measure." Complete CRL and NT data must be present for at least one fetus.

SIS will not use incomplete NT data.

1st Trimester Interpretation Factors:

- Blood collection date
- Race
- Most recent patient weight
- Ovum donor age (if relevant)
- Diabetic status
- Smoking status

The Prenatal Screening Coordinator may ask you to verify these parameters with the patient so that SIS can interpret the results.

Gestational Age Window for Valid NT Interpretation

NT data will be used for case interpretation when the CRL is between 44.6–84.5 mm (gestational age of 11 weeks 2 days through 14 weeks 2 days). CRL measurements will be used for dating purposes when the CRL is between 9.5–84.5 mm. In the case of twins, gestational dating is based on the larger of the two CRL measurements provided.

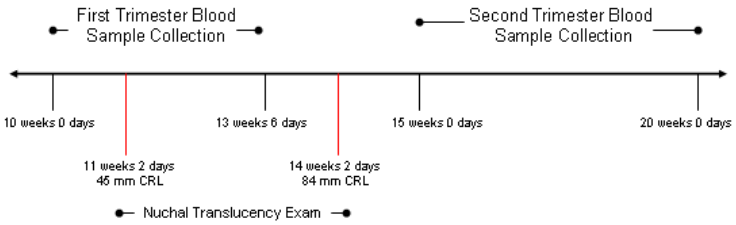
NOTE: If you have measured an NT of 3.0 mm or greater, and you are unable to immediately enter the data into SIS, please call the Case Coordinator or referring clinician to notify them of the large NT.

CRL < 9.5 mm	Too early. Have patient reschedule NT appointment.
CRL 9.5–44.5 mm	Have patient reschedule NT appointment and send dating information to referring clinician.
CRL 44.6–84.5 mm	NT data used for case interpretation.
CRL > 84.5 mm	Use BPD to calculate gestational age and send dating information to referring clinician.

CRL	Gestational Age		
(mm)	Decimal	Weeks	Days
45	11.3	**11**	**2**
46	11.4	**11**	**3**
47	11.5	**11**	**4**
48	11.6	**11**	**4**
49	11.7	**11**	**5**
50	11.7	**11**	**5**
51	11.8	**11**	**6**
52	11.9	**11**	**6**
53	12.0	**12**	**0**
54	12.0	**12**	**0**
55	12.1	**12**	**1**
56	12.2	**12**	**1**
57	12.3	**12**	**2**
58	12.3	**12**	**2**
59	12.4	**12**	**3**
60	12.5	**12**	**4**
61	12.6	**12**	**4**
62	12.6	**12**	**4**
63	12.7	**12**	**5**
64	12.8	**12**	**6**
65	12.8	**12**	**6**
66	12.9	**12**	**6**
67	13.0	**13**	**0**
68	13.1	**13**	**1**
69	13.1	**13**	**1**
70	13.2	**13**	**1**
71	13.3	**13**	**2**
72	13.4	**13**	**3**
73	13.4	**13**	**3**
74	13.5	**13**	**4**
75	13.6	**13**	**4**
76	13.7	**13**	**5**
77	13.8	**13**	**6**
78	13.8	**13**	**6**
79	13.9	**13**	**6**
80	14.0	**14**	**0**
81	14.1	**14**	**1**
82	14.2	**14**	**1**
83	14.2	**14**	**1**
84	14.3	**14**	**2**

Prenatal Screening Options

Timeline of 1st and 2nd Trimester Blood Sample Collection and NT Exam (Gestational Age)



First Trimester Combined Screening—Women may undergo first trimester blood screening and an NT exam to provide the earliest risk assessment for Down syndrome and Trisomy 18.

If the Preliminary Risk Assessment is *Screen Negative*, the woman may participate in second trimester blood screening (Sequential Integrated Screening) for a refined risk assessment for Down syndrome and Trisomy 18 and to screen for neural tube defects and Smith-Lemli-Opitz syndrome.

If the Preliminary Risk Assessment is *Screen Positive*, the woman has several options: She may undergo chorionic villus sampling (CVS) between 10 and 14 weeks, ultrasound and amniocentesis between 15 and 24 weeks, noninvasive prenatal testing (NIPT) between 10 and 24 weeks, or a second trimester blood test for refined risk assessment. All of these options are available at no cost to the patient if conducted at a State-approved Prenatal Diagnosis Center.

Second trimester screening options include the following:

Serum Integrated Screening—First and second trimester blood samples but no NT data. No risk assessment will be provided in the first trimester.

Quad/Quad-NT Screening—Second trimester screening based on four blood analytes. The combination of Quad Screening with first trimester NT information increases the accuracy of Down syndrome and Trisomy 18 screening.

Sequential Integrated Screening—First and second trimester blood sample and an NT exam provides the most accurate risk assessment for Down syndrome and Trisomy 18. Risk assessment for neural tube defects and Smith-Lemli-Opitz syndrome are also included.

For more information

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For issues with an existing SIS access, please contact
SIS Help Desk
(510) 307-8928

For more information on how to become a credentialed NT Practitioner, please contact

Jean Lea Spitz (NTQR)	or	Naomi Greene (FMF)
(405) 753-6534		(818) 395-0611
NTQRSupport@NTQR.org		naomiHG@fetalmedicine.com