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| **Ante-Natal Screen (Microbiology)**  |
| **Synonyms** |  | ANS, screening, IDPS |
| **Clinical Indication** |  | Routine screen for Hepatitis B, HIV and syphilis in pregnancy. Rubella testing no longer forms part of the screening programme. If any test is declined by the patient, this MUST be clearly indicated on the request form. |
| **Part of Profile / See Also** |  | Hepatitis B surface antigen, Syphilis serology, HIV 1 & 2 antibodies and p24 antigen (unless HIV antibody test declined) |
| **Request Form** |  | Antenatal screening request form or ICE request |
| **Availability / Frequency of Analysis** |  | On request during normal working hours. |
| **Turnaround Time** |  | Negative or "normal" results will usually be available by the third normal working day after receipt of the sample. Positive or "abnormal" results will take longer, due to the requirement for further investigation, by an outside Reference Laboratory |
| **Patient Preparation** |  |  |
| **Sample Requirements** |  |  |
| **Specimen Type** |  | Serum |
| **Volume** |  | 5 ml |
| **Container** |  |  Yellow Top (SST)**Samples should be transported to laboratory on the day of collection** |
| **Reference Range & Units** |  |  |
| **Interferences** |  | Serum or plasma (collected into EDTA, sodium citrate or heparin) may be used. Do not use contaminated, hyperlipaemic or hyperhaemolysed sera or plasma. |
| **Interpretation & Clinical** **Decision Value (if applicable)** |  |  |
| **References** |  | PHE SMI V4, V11 and V44. |
| **Test code** |  | ANST |
| **Lab Handling** |  | Store at 4ºC.  |