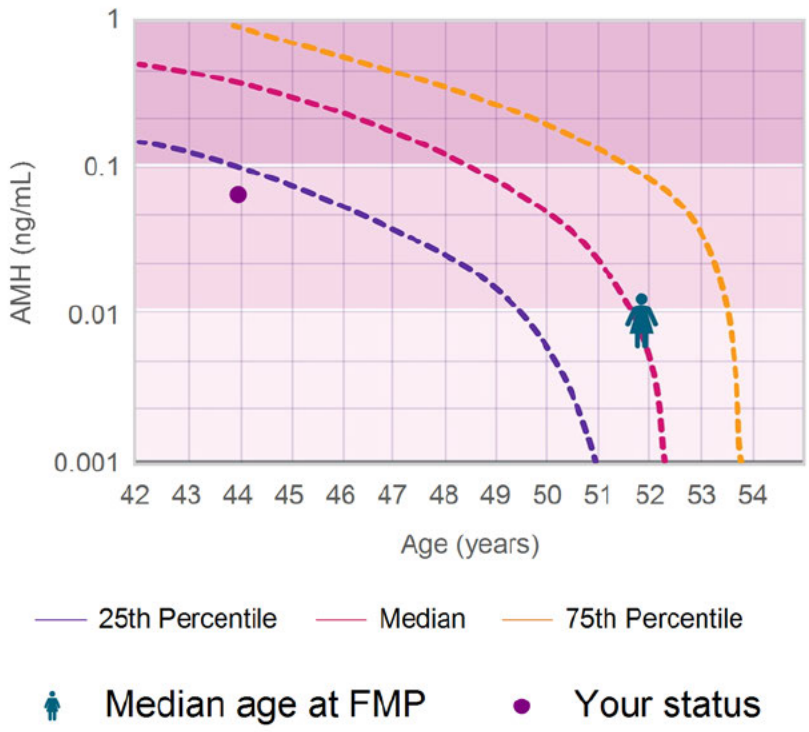
Anti-Mullerian Hormone With Menopausal Status (MenoCheck)

Patient: DOB: Age: 44 Sex: F **Patient Identifiers:** **Visit Number (FIN):**	Client: Physician:	ARUP Test Code: 3016862 Collection Date: 03/05/2024 Received in lab: 03/06/2024 Completion Date: 03/06/2024

Menopausal Status Test Result

Test Name	Test Date	AMH (ng/mL)	Status Interpretation
AMH MenoCheck	3/6/2024	0.067	<5 Years to FMP



AMH Conc. ng/mL	Menopausal Status	Time to Final Menstrual Period (FMP)
>=0.100	Pre Menopause	>5 Years to FMP
0.099 - 0.01	Peri Menopause	<5 Years to FMP
<=0.009	Post Menopause	At FMP or Later

What is the MenoCheck test?

MenoCheck is an FDA-cleared test intended to be used as an aid in the determination of menopausal status in people between 42 to 62 years of age that were assigned female at birth. MenoCheck provides valuable additional information to support a clinician's efforts to determine when an individual will have their final menstrual period (FMP). This test should be used in conjunction with other clinical and laboratory findings.

Patient: | **Date of Birth:** | **Sex:** F | **Physician:**
Patient Identifiers: | **Visit Number (FIN):**

ARUP AMH Reference Intervals: Females Age 40 Years and Above

Age	Reference Interval
40-45 years	Less than or equal to 6.282 ng/mL
46-50 years	Less than or equal to 0.064 ng/mL
Postmenopausal	Less than or equal to 0.003 ng/mL

How was MenoCheck developed to predict the age at FMP?

AMH concentrations decrease as a menstruating individual ages. The MenoCheck reference ranges were determined in a longitudinal, multi-center study called SWAN (Study of Women's Health Across Nation). The SWAN Study monitored many changes in women's health as they went through the menopausal transition and has continued to study them well beyond their FMP. SWAN examined serial serum AMH values from the same individuals year after year from well before menopause until well after, to generate the information necessary to demonstrate the predictive value of AMH. The FMP for each individual in the SWAN Study was assigned retrospectively after 12 months of amenorrhea (the clinical definition of natural menopause). Menopausal categories for assigning status were based on the approximate time to FMP. Three menopausal categories where defined based on the time to FMP. Premenopause (>5 years from FMP), Perimenopause (<5 years from FMP), and Postmenopause (at FMP or later). Your report indicates the approximate time to your FMP expected based on the MenoCheck test result.

What are the reasons for falsely low and falsely high MenoCheck results?

> During the menopausal transition, pituitary, gonadal, and sex steroid hormone levels will vary considerably. A MenoCheck result that appears too high or too low relative to the patient's clinical presentation is recommended to be repeated.

> A serum AMH concentration that is inappropriately higher than expected relative to the patient age and clinical presentation may indicate residual ovarian activity in the absence of ovulation and a menstrual period. An individual may still have some ovarian activity after their menopause was clinically defined by amenorrhea of >12 consecutive months.

> A serum AMH concentration that is inappropriately lower than expected relative to the patient age and clinical presentation may indicate long term use of oral contraceptives or long-standing amenorrhea.

What are the risks associated with falsely low or falsely high MenoCheck results?

Inaccurate test results in which the serum AMH concentration is reported higher than expected for age or relative to other clinical findings and laboratory results may mislead a clinician into believing that an individual is not postmenopausal. Such a patient might be counseled to continue hormonal or other forms of contraception when it is no longer necessary. Inaccurate test results in which the serum AMH concentration is reported lower than expected for age or relative to other clinical findings and laboratory results may lead to recommendations to 1) discontinue contraception when it is still necessary to prevent pregnancy, 2) prescribe hormone therapy inappropriately, or 3) preserve fertility by harvesting and freezing one's eggs or embryos. Risk is mitigated by other clinical features which if disparate with a high AMH would indicate the need to re-examine the patient and re-test AMH.

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