Client: Example Client ABC123
123 Test Drive
Salt Lake City, UT 84108
UNITED STATES

Physician: Doctor, Example

Patient: Patient, Example

DOB	2/19/1984
Gender:	Female
Patient Identifiers:	01234567890ABCD, 012345
Visit Number (FIN):	01234567890ABCD
Collection Date:	00/00/0000 00:00

Chorionic Villus, FISH

ARUP test code 0040203

Chorionic Villus, FISH	See Note	(Ref Interval: Normal)

H=High, L=Low, *=Abnormal, C=Critical

Test Performed: Chorionic Villus, FISH (FISHCVS)
Specimen Type: Direct (uncultured) villi
Indication for Testing: FISHCVS

RESULT
Abnormal FISH Result (Male)

Trisomy 13

INTERPRETATION
This analysis showed three hybridization signals for chromosome 13, consistent with trisomy 13.

Aneuploidy of other chromosomes, structural abnormalities, and mosaicism have not been ruled out by this analysis. According to ACMG guidelines, clinical decision-making should not be based on the result of this test alone. Additional testing is recommended for the final interpretation of this result; pending results will be reported separately.

FISH analysis performed on CVS presumes that the fetal chromosome complement is accurately reflected in the extra-embryonic tissue. Rarely, testing of placenta/villi will yield results that differ from those obtained from testing the fetus or newborn.

NOTE: Interphase FISH analysis cannot provide structural information accounting for this gain. It is uncertain whether this finding represents three independent copies of chromosome 13 or an unbalanced Robertsonian translocation. Therefore, chromosome analysis is recommended.

This analysis was performed with chromosome enumeration probes for 13, 18, 21, X and Y using the AneuVysion probe kit (Abbott Molecular). A total of 50 interphase cells were scored for each probe.

Recommendations:
1) Genetic counseling
2) Chromosome analysis (if feasible and not already performed). This test is available, at a charge, through ARUP Laboratories. Please order test code 2002291, Chromosome Analysis, Chorionic Villus. If adding testing to this prenatal sample, testing must be added within 7 days to ensure sample availability. Alternatively, chromosome analysis may be performed after delivery on peripheral blood (2002289, Chromosome Analysis, Constitutional Peripheral Blood) or on a products of conception specimen (2002288, Chromosome Analysis, Products of Conception).

Health care providers with questions may contact an ARUP genetic counselor at (800) 242-2787 ext. 2141.

Cytogenomic Nomenclature (ISCN):
nuc ish(DXZ1x1,DYZ3x1,D18Z1x2),(RB1x3,D21S259/D21S341/D21S342x2)

This result has been reviewed and approved by [redacted]

A portion of this analysis was performed at the following location(s):
[redacted]

H=High, L=Low, *=Abnormal, C=Critical

INTERPRETIVE INFORMATION: Fluorescence in Situ Hybridization, CVS

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

EER Chorionic Villus, FISH

See Note

Authorized individuals can access the ARUP Enhanced Report using the following link:

[redacted]

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Chorionic Villus, FISH	23-005-400628	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EER Chorionic Villus, FISH	23-005-400628	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

H=High, L=Low, *=Abnormal, C=Critical