

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 10/24/2022  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Aneuploidy Panel by FISH**

ARUP test code 0040208

Aneuploidy Panel by FISH

See Note (Ref Interval: Normal)

Test Performed: Aneuploidy Panel by FISH (FISHANEU)  
Specimen Type: Peripheral blood  
Indication for Testing: Suspected Down Syndrome, Dysmorphic Nuchal Fold, wide Spaced Eyes

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**RESULT**  
Abnormal FISH Result (Female)

Trisomy 21  
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**INTERPRETATION**  
This analysis showed three hybridization signals for chromosome 21, consistent with trisomy 21. Aneuploidy of other chromosomes, structural abnormalities, and mosaicism have not been ruled out by this analysis.

**NOTE:** Interphase FISH analysis cannot provide structural information accounting for this gain. It is uncertain whether this finding represents three independent copies of chromosome 21 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 200 interphase cells were scored for each probe.

**Recommendations:**  
1) Genetic counseling  
2) Chromosome analysis. For assistance with ordering testing on this sample, please call ARUP Genetics Processing at (800) 242-2787 ext. 3301 within 7 days and refer to test code 2002289, Chromosome Analysis, Peripheral Blood.

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

**Cytogenomic Nomenclature (ISCN):**  
nuc ish(DXZ1x2,DYZ3x0,D18Z1x2),(RB1x2,D21S259/D21S341/D21S342x3)

This result has been reviewed and approved by [REDACTED]

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

INTERPRETIVE INFORMATION: Aneuploidy Panel by FISH

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 Aneuploidy Panel by 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
Aneuploidy Panel by FISH	22-300-401213	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EER Aneuploidy Panel by FISH	22-300-401213	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