

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

Physician: Doctor, Example

**Patient: Patient, Example** 

**DOB** 2/15/1989 Gender: Female

**Patient Identifiers:** 01234567890ABCD, 012345

**Visit Number (FIN):** 01234567890ABCD **Collection Date:** 00/00/0000 00:00

## **Chromosome FISH, Prenatal**

ARUP test code 2002297

Chromosome FISH, Prenatal

See Note (Ref Interval: Normal)

Specimen Received

Specimen Type: Reason for Referral: Amniotic fluid Abnormal ultrasound

Test Performed: CHR FISHP

ABNORMAL FISH RESULT: Trisomy 21

**DIAGNOSTIC IMPRESSION:** 

Prenatal interphase fluorescence in situ hybridization (FISH) analysis was performed with chromosome enumeration probes for 13, 18, 21, X and Y using the FDA-approved Aneuvysion probe kit (Abbott Molecular). 50 interphase cells were scored for each

This analysis showed three hybridization signals for chromosome 21, consistent with trisomy 21.

Sex chromosomes: XY (male)

ISCN:

nuc ish(DXZ1x1.DYZ3x1.D18Z1x2) (RB1x2,D21S259/D21S341/D21S342x3)

Recommendations:

Recommendations:
The American College of Medical Genetics recommends that (1) clinical decision-making should be based on information from two of three of the following: positive FISH results, confirmatory chromosome analysis, or consistent clinical information, (2) for genetic counseling of families that have a fetus identified as positive by FISH, chromosome analysis to determine the mutational mechanism accounting for the FISH result is performed, and (3) genetic counseling for all abnormal results.

This result has been reviewed and approved by

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

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

4848



INTERPRETIVE INFORMATION: Chromosome Analysis, Prenatal 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 Chromosome FISH, Prenatal

See Note

Access ARUP Enhanced Report using the link below:

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Chromosome FISH, Prenatal	21-043-402306	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EER Chromosome FISH, Prenatal	21-043-402306	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

Patient: Patient, Example ARUP Accession: 21-043-402306 Patient Identifiers: 01234567890ABCD, 012345 Visit Number (FIN): 01234567890ABCD Page 2 of 2 | Printed: 3/24/2021 4:35:34 PM

4848