

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 3/12/1993  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Acetylcholinesterase and Fetal Hemoglobin, Amniotic Fluid**

ARUP test code 2006848

Acetylcholinesterase, Amniotic Fluid

**Positive \*** (Ref Interval: Negative)

INTERPRETIVE INFORMATION: Acetylcholinesterase and Fetal HGB, AF

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.

Fetal Hemoglobin, Amniotic Fluid

Negative (Ref Interval: Negative)

Acetylcholinesterase/Fetal HGB Interp

See Note

Acetylcholinesterase is detected in the amniotic fluid. Fetal hemoglobin is not detected. High-resolution ultrasound of the fetus is recommended to look for neural tube defects and other fetal anomalies. Medical management should rely on clinical findings.

VERIFIED/REPORTED DATES

| Procedure                             | Accession     | Collected        | Received         | Verified/Reported |
|---------------------------------------|---------------|------------------|------------------|-------------------|
| Acetylcholinesterase, Amniotic Fluid  | 22-010-401614 | 00/00/0000 00:00 | 00/00/0000 00:00 | 00/00/0000 00:00  |
| Fetal Hemoglobin, Amniotic Fluid      | 22-010-401614 | 00/00/0000 00:00 | 00/00/0000 00:00 | 00/00/0000 00:00  |
| Acetylcholinesterase/Fetal HGB Interp | 22-010-401614 | 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

Unless otherwise indicated, testing performed at: