

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 12/5/1991
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.		

Alpha Fetoprotein (Amniotic Fluid) with Reflex to Acetylcholinesterase and Fetal Hemoglobin

ARUP test code 3000142

AFP, Amniotic Fluid	40619 ng/mL	
AFP, AF MoM	9.91 H	(Ref Interval: <=1.99)
AFP AF Interpretation	Positive *	
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.		
Gestational Age Calculated at Collection	22 wks, 6 days	

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

Unless otherwise indicated, testing performed at:

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Acetylcholinesterase, Amniotic Fluid	23-146-400176	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Fetal Hemoglobin, Amniotic Fluid	23-146-400176	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Acetylcholinesterase/Fetal HGB Interp	23-146-400176	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
AFP, Amniotic Fluid	23-146-400176	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
AFP, AF MoM	23-146-400176	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
AFP AF Interpretation	23-146-400176	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Gestational Age Calculated at Collection	23-146-400176	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:

ARUP LABORATORIES | 800-522-2787 | aruplab.com
500 Chipeta Way, Salt Lake City, UT 84108-1221
Jonathan R. Genzen, MD, PhD, Laboratory Director

Patient: Patient, Example
ARUP Accession: 23-146-400176
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
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