

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 11/3/1996  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 01/01/2017 12:34

**Acetylcholinesterase and Fetal Hemoglobin, Amniotic Fluid**

ARUP test code 2006848

Acetylcholinesterase, Amniotic Fluid	<b>Positive</b>	<b>*</b>	<b>(Ref Interval: Negative)</b>
INTERPRETIVE INFORMATION: Acetylcholinesterase and Fetal HGB, AF			
Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS			

Fetal Hemoglobin, Amniotic Fluid	Negative		<b>(Ref Interval: Negative)</b>
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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	17319 ng/mL		
AFP, AF MoM	<b>4.56</b>	<b>H</b>	<b>(Ref Interval: &lt;=1.99)</b>

AFP AF Interpretation	<b>Positive</b>	<b>*</b>	
Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS			

Gestational Age Calculated at Collection	22 wks, 5 days		
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**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	19-133-400076	5/10/2019 12:00:00 PM	5/14/2019 4:45:40 AM	5/17/2019 1:17:00 PM
Fetal Hemoglobin, Amniotic Fluid	19-133-400076	5/10/2019 12:00:00 PM	5/14/2019 4:45:40 AM	5/17/2019 1:17:00 PM
Acetylcholinesterase/Fetal HGB Interp	19-133-400076	5/10/2019 12:00:00 PM	5/14/2019 4:45:40 AM	5/17/2019 1:17:00 PM
AFP, Amniotic Fluid	19-133-400076	5/10/2019 12:00:00 PM	5/14/2019 4:45:41 AM	5/15/2019 1:31:00 PM
AFP, AF MoM	19-133-400076	5/10/2019 12:00:00 PM	5/14/2019 4:45:41 AM	5/15/2019 1:31:00 PM
AFP AF Interpretation	19-133-400076	5/10/2019 12:00:00 PM	5/14/2019 4:45:41 AM	5/15/2019 1:31:00 PM
Gestational Age Calculated at Collection	19-133-400076	5/10/2019 12:00:00 PM	5/14/2019 4:45:41 AM	5/15/2019 1:31:00 PM

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  
Tracy I. George, MD, Laboratory Director

Patient: Patient, Example  
ARUP Accession: 19-133-400076  
Patient Identifiers: 01234567890ABCD, 012345  
Visit Number (FIN): 01234567890ABCD  
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