

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 9/7/1998  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Maternal Serum Screen, Alpha Fetoprotein, hCG, Estriol, and Inhibin A (Quad)**

ARUP test code 3000143

Patient's AFP	25 ng/mL
MoM for AFP	0.52
Patient's uE3	1.03 ng/mL
MoM for uE3	0.59
Patient's hCG, 2nd Trimester	41836 IU/L
hCG MoM, 2nd Trimester	1.35
Patient's DIA	114 pg/mL
MoM for DIA	0.71
Maternal Screen Interpretation	Screen Neg

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

Unless otherwise indicated, testing performed at:

INTERPRETATION: SCREEN NEGATIVE

Neural Tube Defects (NTD)	Negative
Down syndrome (DS)	Negative
Trisomy 18 (T18)	Negative

	Pre-Test	Post-Test	Cutoff
Neural Tube Defects Risks	1:1030	< 1:10000	1:250
Down Syndrome Risks	1:1100	1:413	1:150
Trisomy 18 Risks	1:4280	1:9060	1:100

Comments:

The risk of an open neural tube defect is less than the screening cut-off.

The risk of Down syndrome is less than the screening cut-off.

The risk of trisomy 18 is less than the screening cut-off.

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.

Maternal Age At Delivery 23.2 yr

Maternal Weight 125.0 lbs.

Estimated Due Date 11-03-21

Gestational Age Calculated at Collection 18 wks, 0 days

Section 79-1 of New York State Civil Rights Law requires informed consent be obtained from patients (or their legal guardians) prior to pursuing genetic testing. These forms must be kept on file by the ordering physician. Consent forms for genetic testing are available at [www.aruplab.com](http://www.aruplab.com). Incidental findings are not reported unless clinically significant but are available upon request.

Dating Ultrasound

Number of Fetuses Singleton

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

---

Maternal Race	Nonblack
Insulin Req Maternal Diabetes	No
Smoking	No
Family Hx Neural Tube Defect	No
Family History of Aneuploidy	No
Specimen	See Note Initial sample
EER Maternal Serum, Quad	See Note Access ARUP Enhanced Report using the link below: -Direct access:

---

---

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

---

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Patient's AFP	21-153-116595	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for AFP	21-153-116595	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Patient's uE3	21-153-116595	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for uE3	21-153-116595	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Patient's hCG, 2nd Trimester	21-153-116595	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
hCG MoM, 2nd Trimester	21-153-116595	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Patient's DIA	21-153-116595	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for DIA	21-153-116595	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Screen Interpretation	21-153-116595	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Age At Delivery	21-153-116595	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Weight	21-153-116595	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Estimated Due Date	21-153-116595	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Gestational Age Calculated at Collection	21-153-116595	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Dating	21-153-116595	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Number of Fetuses	21-153-116595	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Race	21-153-116595	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Insulin Req Maternal Diabetes	21-153-116595	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Smoking	21-153-116595	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Family Hx Neural Tube Defect	21-153-116595	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Family History of Aneuploidy	21-153-116595	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Specimen	21-153-116595	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EER Maternal Serum, Quad	21-153-116595	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  
Tracy I. George, MD, Laboratory Director

Patient: Patient, Example  
ARUP Accession: 21-153-116595  
Patient Identifiers: 01234567890ABCD, 012345  
Visit Number (FIN): 01234567890ABCD  
Page 4 of 4 | Printed: 6/4/2021 7:33:06 AM  
4848