

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 3/10/1983  
**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	42 ng/mL
MoM for AFP	0.97
Patient's uE3	0.60 ng/mL
MoM for uE3	0.31
Patient's hCG, 2nd Trimester	14684 IU/L
hCG MoM, 2nd Trimester	0.92
Patient's DIA	82 pg/mL
MoM for DIA	0.48
Maternal Screen Interpretation	<b>Screen Pos *</b>

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

Unless otherwise indicated, testing performed at:

INTERPRETATION: SCREEN POSITIVE  
Follow-up for risk of TRISOMY 18 is suggested

Neural Tube Defects (NTD)	Negative		
Down syndrome (DS)	Negative		
Trisomy 18 (T18)	Positive		
	Pre-Test	Post-Test	Cutoff
Neural Tube Defects Risks	1:258	1:3850	1:250
Down Syndrome Risks	1:55	1:331	1:150
Trisomy 18 Risks	1:432	> 1:53	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 greater than the screening cut-off. Other outcomes of positive screens include normal pregnancy, increased risk for miscarriage, fetal demise, low birth weight and preterm labor, nonchromosomal anomalies and genetic syndromes. Recalculating Trisomy 18 risk based on second trimester dating is not recommended as Trisomy 18 fetuses may be small for gestational age. Genetic counseling regarding the risks and benefits of cell-free DNA (NIPT) and fetal diagnostic testing is suggested. If you have questions regarding this screen, please call Genetics at 800-242-2787 ext 2141.

The information submitted indicates that the patient had a previous pregnancy with a trisomy. This increases the pre-test risk of Down syndrome and Trisomy 18 in this pregnancy.

The information provided indicates that the patient had diabetes at the time of conception. Because of her diabetic status, the risk of neural tube defect is increased 4 times.

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	38.6 yr
Maternal Weight	180.0 lbs.
Estimated Due Date	10-22-21
Gestational Age Calculated at Collection	19 wks, 5 days

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

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VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Patient's AFP	21-153-116594	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for AFP	21-153-116594	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Patient's uE3	21-153-116594	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for uE3	21-153-116594	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Patient's hCG, 2nd Trimester	21-153-116594	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
hCG MoM, 2nd Trimester	21-153-116594	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Patient's DIA	21-153-116594	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for DIA	21-153-116594	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Screen Interpretation	21-153-116594	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Age At Delivery	21-153-116594	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Weight	21-153-116594	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Estimated Due Date	21-153-116594	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Gestational Age Calculated at Collection	21-153-116594	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Dating	21-153-116594	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Number of Fetuses	21-153-116594	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Race	21-153-116594	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Insulin Req Maternal Diabetes	21-153-116594	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Smoking	21-153-116594	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Family Hx Neural Tube Defect	21-153-116594	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Family History of Aneuploidy	21-153-116594	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Specimen	21-153-116594	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EER Maternal Serum, Quad	21-153-116594	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

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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: 21-153-116594  
Patient Identifiers: 01234567890ABCD, 012345  
Visit Number (FIN): 01234567890ABCD  
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