

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 3/18/1992  
**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	59 ng/mL
MoM for AFP	0.56
Patient's uE3	1.65 ng/mL
MoM for uE3	0.49
Patient's hCG, 2nd Trimester	52941 IU/L
hCG MoM, 2nd Trimester	2.13
Patient's DIA	616 pg/mL
MoM for DIA	2.62

Maternal Screen Interpretation **Screen Pos \***

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

Unless otherwise indicated, testing performed at:

**INTERPRETATION: SCREEN POSITIVE**  
Follow-up for risk of Down syndrome is suggested

Neural Tube Defects (NTD)	Negative		
Down syndrome (DS)	Positive		
Trisomy 18 (T18)	Negative		
	<b>Pre-Test</b>	<b>Post-Test</b>	<b>Cutoff</b>
Neural Tube Defects Risks	1:1030	< 1:10000	1:250
Down Syndrome Risks	1:646	> 1:6	1:270
Trisomy 18 Risks	1:2520	1:3280	1:100

**Comments:**

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

The risk of Down syndrome is greater than the screening cut-off. Other outcomes of positive screens include normal pregnancy, over-estimated gestational age, and fetal demise. 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 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	yr
Maternal Weight	124.0 lbs.
Estimated Due Date	07-26-23
Gestational Age Calculated at Collection	22 wks, 5 days
Dating	other
Number of Fetuses	Singleton
Maternal Race	Unknown

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

Insulin Req Maternal Diabetes	Unknown
Smoking	Unknown
Family Hx Neural Tube Defect	Unknown
Family History of Aneuploidy	Unknown
Specimen	See Note Initial sample
EER Maternal Serum, Quad	See Note Authorized individuals can access the ARUP Enhanced Report using the following link:

**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: 23-086-122996  
Patient Identifiers: 01234567890ABCD, 012345  
Visit Number (FIN): 01234567890ABCD  
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4848

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Patient's AFP	23-086-122996	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for AFP	23-086-122996	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Patient's uE3	23-086-122996	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for uE3	23-086-122996	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Patient's hCG, 2nd Trimester	23-086-122996	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
hCG MoM, 2nd Trimester	23-086-122996	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Patient's DIA	23-086-122996	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for DIA	23-086-122996	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Screen Interpretation	23-086-122996	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Age At Delivery	23-086-122996	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Weight	23-086-122996	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Estimated Due Date	23-086-122996	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Gestational Age Calculated at Collection	23-086-122996	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Dating	23-086-122996	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Number of Fetuses	23-086-122996	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Race	23-086-122996	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Insulin Req Maternal Diabetes	23-086-122996	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Smoking	23-086-122996	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Family Hx Neural Tube Defect	23-086-122996	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Family History of Aneuploidy	23-086-122996	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Specimen	23-086-122996	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EER Maternal Serum, Quad	23-086-122996	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: