

Patient:
DOB: Age: Gender
Patient Identifiers:
Visit Number (FIN):

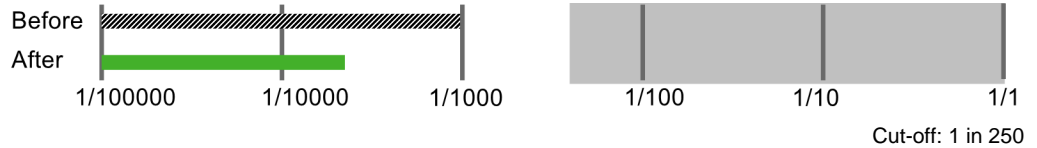
Client:
Physician:

ARUP Test Code: 3000143
Collection Date: 10/17/2019
Received in Lab: 10/28/2019
Completion Date: 10/28/2019

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

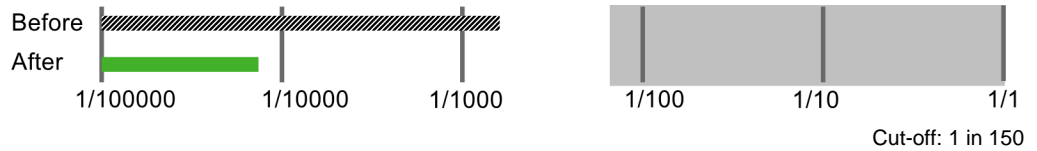
Neural Tube Defects (NTD): Negative

Risk before test: 1 in 1030
Risk after test: 1 in 4480



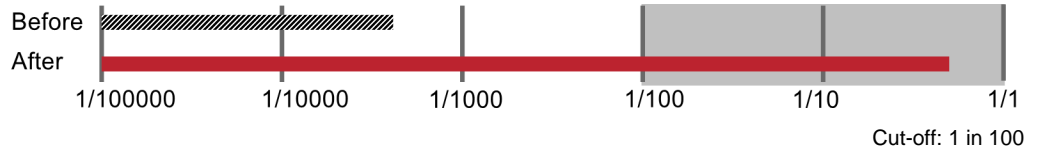
Down syndrome (DS): Negative

Risk before test: 1 in 621
Risk after test: 1 in 13500



Trisomy 18 (T18): Positive

Risk before test: 1 in 2420
Risk after test: >1 in 2



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.

| Marker | Measurement | MoM |
|------------|-------------------|-------------|
| AFP | 50 ng/mL | 1.35 |
| uE3 | 0.17 ng/mL | 0.14 |
| hCG | 4273 IU/L | 0.13 |
| DIA | 100 pg/mL | 0.61 |



Patient:
ARUP Accession: 19-290-147120

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

Patient | Date of Birth: | Gender: | Physician:
Patient Identifiers: | Visit Number (FIN):

We were given an EDC date of 03-28-20 and an LMP date of 06-09-19. Our calculation based on EDC date indicates that the gestational age of this patient was 16.71 weeks when this sample was collected on 10-17-19. The gestational age calculated using the LMP date is 18.57 weeks. We have used 16.71 weeks as the gestational age for this report. If the gestational age used for this report needs to be amended, please contact the laboratory.

Gestational Age Comment:

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. Incidental findings are not reported unless clinically significant but are available upon request.

Maternal Screen Interpretation Compliance Statement: Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

Patient Information Used in Risk Calculations

| | |
|---|----------------|
| Maternal Age at Delivery: | 31.6 yr |
| Maternal Weight: | 144.0 lbs. |
| Estimated Due Date: | 03-28-20 |
| Gestational Age at Draw: | 16 wks, 5 days |
| Dating Method: | Other |
| Number of Fetuses: | Singleton |
| Maternal Race: | Nonblack |
| Medication-Dependent Maternal Diabetes: | No |
| Current Smoker: | No |
| Family History of Neural Tube Defects: | No |
| Family History of Aneuploidy: | No |
| Specimen: | Initial sample |

Reference Information



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Patient | Date of Birth: | Gender | Physician:
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The following links or information offer complete and up to date information about this test, including access to ARUP Consult™ disease topics and other supplemental resources.

- [Maternal Serum Screen, Alpha Fetoprotein, hCG, Estriol, and Inhibin A \(Quad\)](http://ltd.aruplab.com/tests/pub/3000143)
(http://ltd.aruplab.com/tests/pub/3000143)
- [Prenatal Aneuploidy Screening](https://www.aruplab.com/genetics/tests/prenatal)
(https://www.aruplab.com/genetics/tests/prenatal)
- [Additional Technical Information](http://ltd.aruplab.com/Tests/Pdf/311)
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