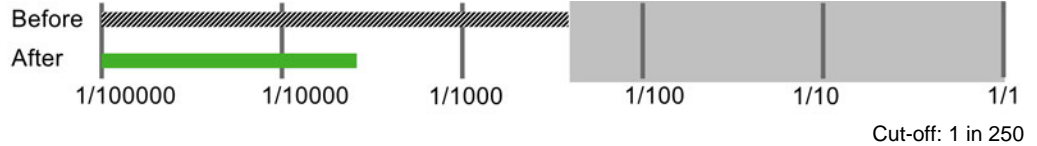


Patient:	Client:	ARUP Test Code: 3000143
DOB: Age: Gender:	Physician:	Collection Date:
Patient Identifiers:		Received in lab:
Visit Number (FIN):		Completion Date:

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

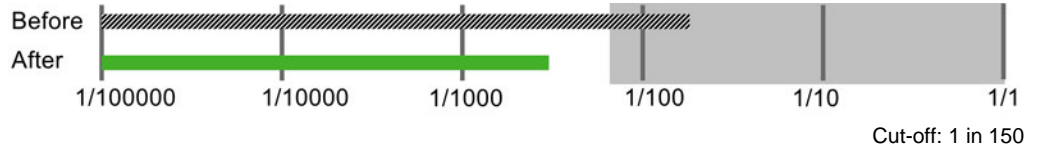
Neural Tube Defects (NTD): Negative

Risk before test: **1 in 258**
Risk after test: **1 in 3850**



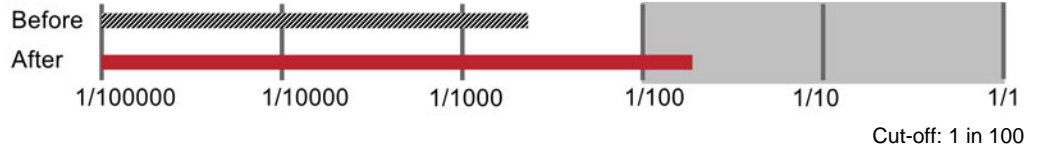
Down syndrome (DS): Negative

Risk before test: **1 in 55**
Risk after test: **1 in 331**



Trisomy 18 (T18): Positive

Risk before test: **1 in 432**
Risk after test: **>1 in 53**



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	42 ng/mL	0.97
uE3	0.60 ng/mL	0.31
hCG	14684 IU/L	0.92
DIA	82 pg/mL	0.48



Patient:
ARUP Accession: 21-153-116594

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

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

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.

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: 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.

Patient Information Used in Risk Calculations

Maternal Age at Delivery:	38.6 yr
Maternal Weight:	180.0 lbs.
Estimated Due Date:	10-22-21
Gestational Age at Draw:	19 wks, 5 days
Dating Method:	Other
Number of Fetuses:	Singleton
Maternal Race:	Black
Medication-Dependent Maternal Diabetes:	Yes
Current Smoker:	Yes
Family History of Neural Tube Defects:	No
Family History of Aneuploidy:	Yes
Specimen:	Initial sample

Reference Information



Patient:
ARUP Accession: 21-153-116594

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

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

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)
(http://ltd.aruplab.com/Tests/Pdf/311)



Patient:
ARUP Accession: 21-153-116594