

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 6/29/1996
Gender: Female
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Maternal Serum Screen, Alpha Fetoprotein

ARUP test code 3000144

Patient's AFP 46 ng/mL

MoM for AFP 1.26

Maternal Screen Interpretation

Screen Neg
INTERPRETATION: SCREEN NEGATIVE for open spina bifida

Neural Tube Defects (NTD)	Negative		
	Pre-Test	Post-Test	Cutoff
Neural Tube Defects Risks	1:1030	1:5860	1:250

Comments:

The risk of an open neural tube defect 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 25.3 yr

Maternal Weight 95.0 kg

Estimated Due Date 11-04-21

Gestational Age Calculated at Collection 17 wks, 6 days

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

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.

Dating	Ultrasound
Number of Fetuses	Singleton
Maternal Race	Black
Insulin Req Maternal Diabetes	No
Smoking	No
Family Hx Neural Tube Defect	No
Specimen	See Note Initial sample

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

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Patient's AFP	21-153-117248	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for AFP	21-153-117248	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Screen Interpretation	21-153-117248	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Age At Delivery	21-153-117248	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Weight	21-153-117248	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Estimated Due Date	21-153-117248	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Gestational Age Calculated at Collection	21-153-117248	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Dating	21-153-117248	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Number of Fetuses	21-153-117248	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Race	21-153-117248	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Insulin Req Maternal Diabetes	21-153-117248	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Smoking	21-153-117248	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Family Hx Neural Tube Defect	21-153-117248	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Specimen	21-153-117248	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: 21-153-117248
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
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