

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 5/29/1992
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 259 ng/mL

MoM for AFP 12.73

Maternal Screen Interpretation

Screen Pos *

INTERPRETATION: SCREEN POSITIVE

Follow-up for risk of open spina bifida is suggested

Neural Tube Defects (NTD)	Positive		
	Pre-Test	Post-Test	Cutoff
Neural Tube Defects Risks	1:40	> 1:5	1:250

Comments:

The risk of open neural tube defects is greater than the screening cut-off based on AFP MoM and/or pre-test risk factors. Other outcomes of positive screens include normal pregnancy, under-estimated gestational age, multiple gestation, ventral wall defects, and imminent or current fetal demise. Genetic counseling, level II fetal ultrasound, and if clinically indicated, amniocentesis are recommended. If you have questions regarding this screen, please call Genetics at 800-242-2787 ext 2141.

The information submitted indicates a family history of neural tube defects. If the affected individual is a first degree relative to the fetus, the risk of neural tube defect is increased 26 times. We have calculated the risks assuming a first degree relative. If not first degree, contact the laboratory at 800-242-2787, ext 2170 for an amended report.

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.

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

Unless otherwise indicated, testing performed at:

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 29.5 yr

Maternal Weight 100.0 kg

Estimated Due Date 11-16-21

Gestational Age Calculated at Collection 16 wks, 1 days

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 Nonblack

Insulin Req Maternal Diabetes Yes

Smoking No

Family Hx Neural Tube Defect Yes

Specimen See Note
Initial sample

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

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Patient's AFP	21-153-117247	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for AFP	21-153-117247	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Screen Interpretation	21-153-117247	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Age At Delivery	21-153-117247	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Weight	21-153-117247	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Estimated Due Date	21-153-117247	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Gestational Age Calculated at Collection	21-153-117247	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Dating	21-153-117247	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Number of Fetuses	21-153-117247	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Race	21-153-117247	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Insulin Req Maternal Diabetes	21-153-117247	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Smoking	21-153-117247	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Family Hx Neural Tube Defect	21-153-117247	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Specimen	21-153-117247	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: 21-153-117247
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
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