

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 9/14/1990
Gender: Female
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Maternal Screening, Sequential, Specimen #1, hCG, PAPP-A, NT

ARUP test code 3000146

PAPP-A Maternal 1482.6 ng/mL

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.

MoM for PAPP-A 1.62

Patient's hCG, 1st Trimester 94524 IU/L

hCG MoM, 1st Trimester 1.02

Nuchal Translucency (NT) 1.10 mm

MoM for NT 0.79

Nuchal Translucency (NT), Twin B Not Applicable mm

MoM for NT, Twin B Not Applicable

Maternal Screen Interpretation See Note

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

INTERPRETATION: Not Available

Down syndrome (DS)	Pending		
Trisomy 18 (T18)	Pending		
	Pre-Test	Post-Test	Cutoff
Down Syndrome Risks	1:492	< 1:10000	1:25
Trisomy 18 Risks	1:2420	1:10000	1:25

Comments:

The patient's Down syndrome risk, based on NT, PAPP-A, and hCG is less than the screening cut-off at this time.

The patient's trisomy 18 risk, based on NT, PAPP-A, and hCG is less than the screening cut-off at this time.

Second trimester serum markers are needed to provide a final interpretation. The ideal time to draw the second sample is between 16 and 18 weeks gestation. For this patient, ideally collect between 05-23-21 and 06-06-21. However, the sample may be drawn as early as 05-09-21 or as late as 07-24-21 and still provide valid information.

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 31.1 yr

Maternal Weight 123.0 lbs.

Gestational Age Calculated at Collection 12 wks, 2 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.

Number of Fetuses Singleton

Maternal Race Nonblack

Smoking Yes

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

Family History of Aneuploidy	No
Specimen	See Note Initial sample
Crown Rump Length	60.5 mm
Crown Rump Length, Twin B	Not Applicable mm
Sonographer Certification #	Unknown_number
Sonographer Name	Unknown, Sonog
Ultrasound Date	04-27-21
Best date to draw sample #2 by	06-06-21
EER Maternal Serum, Sequential, Spcm1	See Note Access ARUP Enhanced Report using the link below: -Direct access:

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

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
PAPP-A Maternal	21-117-155790	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for PAPP-A	21-117-155790	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Patient's hCG, 1st Trimester	21-117-155790	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
hCG MoM, 1st Trimester	21-117-155790	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Nuchal Translucency (NT)	21-117-155790	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for NT	21-117-155790	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Nuchal Translucency (NT), Twin B	21-117-155790	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for NT, Twin B	21-117-155790	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Screen Interpretation	21-117-155790	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Age At Delivery	21-117-155790	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Weight	21-117-155790	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Gestational Age Calculated at Collection	21-117-155790	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Number of Fetuses	21-117-155790	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Race	21-117-155790	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Smoking	21-117-155790	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Family History of Aneuploidy	21-117-155790	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Specimen	21-117-155790	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Crown Rump Length	21-117-155790	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Crown Rump Length, Twin B	21-117-155790	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Sonographer Certification #	21-117-155790	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Sonographer Name	21-117-155790	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Ultrasound Date	21-117-155790	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Best date to draw sample #2 by	21-117-155790	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EER Maternal Serum, Sequential, Spcm1	21-117-155790	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: