

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

Physician: Doctor, Example

**Patient: Patient, Example** 

**DOB** 8/11/1990 **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 cod	le 300014	6

PAPP-A Maternal	80.0 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	0.11
Patient's hCG, 1st Trimester	14524 IU/L
hCG MoM, 1st Trimester	0.17
Nuchal Translucency (NT)	2.50 mm
MoM for NT	2.03
Nuchal Translucency (NT), Twin B	Not Applicable mm
MoM for NT, Twin B	Not Applicable
Maternal Screen Interpretation	Screen Pos *

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

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	INTERPRETATION: SCREEN POSITIVE Follow-up for risk of Downs and Trisomy 18 is suggested			gested
	Down syndrome (DS) Positive Trisomy 18 (T18) Positive			
		Pre-Test	Post-Test	Cutoff
	Down Syndrome Risks	1:114	1:22	1:25
	Trisomy 18 Risks	1:2380	1:2	1:25
	Comments:			
	The risk of Down syndrome is greater than the screening cut-off. Other outcomes of positive screens include normal pregnancy, over-estimated gestational age, and fetal demise. 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.  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. 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.  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.  Information provided indicates that the patient was exposed to carbamazepine during this pregnancy. Infants who have been exposed to antiepileptic drugs (AEDS) in utero run an increased risk of congenital malformations, including neural tube defects (NTDs). Use of polytherapy with more than one AED appears to be associated with a higher risk of birth defects compared with monotherapy. Based on this information, the risk of neural tube defect is increased 9 times. Genetic counseling is recommended.			normal demise. of
				normal nise, low alies and risks nostic ng this
				ie
				have run an ng neural nan one oirth
	determined by ARUP Labo approved by the US Food	s test was developed and its performance characterist ermined by ARUP Laboratories. It has not been cleared roved by the US Food and Drug Administration. This to formed in a CLIA certified laboratory and is intended nical purposes.		eared or s test was
Maternal Age At Delivery	31.2 yr			
Maternal Weight	206.0 lbs.			
Gestational Age Calculated at Collection	11 wks, 6 days			

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

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AR P*	<b>800-522-27</b> 500 Chipet Tracy I. Ge
Number of F	etuses

Number of Fetuses	Singleton
Maternal Race	Black
Smoking	No
Family History of Aneuploidy	Yes
Specimen	See Note Initial sample
Crown Rump Length	53.3 mm
Crown Rump Length, Twin B	Not Applicable mm
Sonographer Certification #	Unknown_number
Sonographer Name	Unknown, Sonog
Ultrasound Date	04-28-21
Best date to draw sample #2 by	06-10-21
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 DAT	TES	
Procedure	Accession	Collected	Received	Verified/Reported
PAPP-A Maternal	21-118-155231	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for PAPP-A	21-118-155231	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Patient's hCG, 1st Trimester	21-118-155231	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
hCG MoM, 1st Trimester	21-118-155231	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Nuchal Translucency (NT)	21-118-155231	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for NT	21-118-155231	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Nuchal Translucency (NT), Twin B	21-118-155231	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for NT, Twin B	21-118-155231	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Screen Interpretation	21-118-155231	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Age At Delivery	21-118-155231	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Weight	21-118-155231	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Gestational Age Calculated at Collection	21-118-155231	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Number of Fetuses	21-118-155231	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Race	21-118-155231	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Smoking	21-118-155231	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Family History of Aneuploidy	21-118-155231	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Specimen	21-118-155231	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Crown Rump Length	21-118-155231	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Crown Rump Length, Twin B	21-118-155231	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Sonographer Certification #	21-118-155231	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Sonographer Name	21-118-155231	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Ultrasound Date	21-118-155231	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Best date to draw sample #2 by	21-118-155231	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EER Maternal Serum, Sequential, Spcm1	21-118-155231	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

## END OF CHART

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