

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 5/12/1992
Gender: Female
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Maternal Screening, Sequential, Specimen #2, Alpha Fetoprotein, hCG, Estriol, and Inhibin A
ARUP test code 3000148

Patient's AFP	18 ng/mL
MoM for AFP	0.67
Patient's uE3	0.67 ng/mL
MoM for uE3	1.09
Patient's hCG, 2nd Trimester	62630 IU/L
hCG MoM, 2nd Trimester	0.99
Patient's DIA	227 pg/mL
MoM for DIA	1.32
PAPP-A Maternal	936.1 ng/mL
MoM for PAPP-A	1.30
Nuchal Translucency (NT)	2.80 mm

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.

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

MoM for NT 2.41

Nuchal Translucency (NT), Twin B Not Applicable mm

MoM for NT, Twin B Not Applicable

Maternal Screen Interpretation

Screen Pos *

INTERPRETATION: SCREEN POSITIVE
Follow-up for risk of Down syndrome is suggested

Neural Tube Defects (NTD)	Negative		
Down syndrome (DS)	Positive		
Trisomy 18 (T18)	Negative		
	Pre-Test	Post-Test	Cutoff
Neural Tube Defects Risks	1:1030	< 1:10000	1:250
Down Syndrome Risks	1:652	1:77	1:110
Trisomy 18 Risks	1:2540	< 1:10800	1:100

Comments:

The risk of an open neural tube defect is less than the screening cut-off.

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 less than the screening cut-off.

This result has been reviewed and approved by Jonathan R. Genzen, MD, PhD.

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Maternal Age At Delivery 31.3 yr

Maternal Weight 146.0 lbs.

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Unless otherwise indicated, testing performed at:

Gestational Age for Second Specimen	14 wks, 3 days
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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
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Maternal Race	Nonblack
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Insulin Req Maternal Diabetes	No
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Smoking	No
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Family Hx Neural Tube Defect	No
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Family History of Aneuploidy	No
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Specimen	See Note Initial sample
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Crown Rump Length	52.4 mm
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Crown Rump Length, Twin B	Not Applicable mm
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Sonographer Certification #	
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Sonographer Name	
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Ultrasound Date	02-08-23
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EER Maternal Serum, Sequential, Spcm2

See Note

Authorized individuals can access the ARUP
Enhanced Report using the following link:

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VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Patient's AFP	23-058-401482	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for AFP	23-058-401482	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Patient's uE3	23-058-401482	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for uE3	23-058-401482	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Patient's hCG, 2nd Trimester	23-058-401482	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
hCG MoM, 2nd Trimester	23-058-401482	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Patient's DIA	23-058-401482	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for DIA	23-058-401482	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
PAPP-A Maternal	23-058-401482	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for PAPP-A	23-058-401482	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Nuchal Translucency (NT)	23-058-401482	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for NT	23-058-401482	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Nuchal Translucency (NT), Twin B	23-058-401482	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for NT, Twin B	23-058-401482	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Screen Interpretation	23-058-401482	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Age At Delivery	23-058-401482	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Weight	23-058-401482	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Gestational Age for Second Specimen	23-058-401482	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Number of Fetuses	23-058-401482	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Race	23-058-401482	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Insulin Req Maternal Diabetes	23-058-401482	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Smoking	23-058-401482	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Family Hx Neural Tube Defect	23-058-401482	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Family History of Aneuploidy	23-058-401482	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Specimen	23-058-401482	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Crown Rump Length	23-058-401482	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Crown Rump Length, Twin B	23-058-401482	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Sonographer Certification #	23-058-401482	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Sonographer Name	23-058-401482	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Ultrasound Date	23-058-401482	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EER Maternal Serum, Sequential, Spcm2	23-058-401482	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

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Unless otherwise indicated, testing performed at: