Maternal Screening, Sequential, Specimen #2, Alpha Fetoprotein, hCG, Estriol, and Inhibin A

Patient: DOB: Age: Sex: **Patient Identifiers:** **Visit Number (FIN):**	Client: Physician:	ARUP Test Code: 3000148 Collection Date: Received in lab: Completion Date:

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

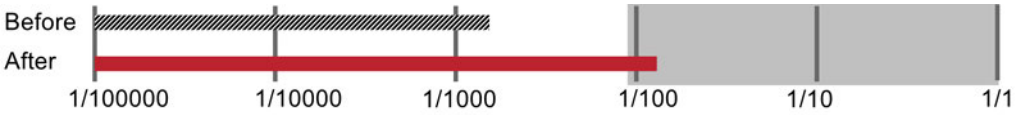
Neural Tube Defects (NTD): Negative

Risk before test: **1 in 1030**
Risk after test: **<1 in 10000**

Cut-off: 1 in 250

Down syndrome (DS): Positive

Risk before test: **1 in 652**
Risk after test: **1 in 77**



Cut-off: 1 in 110

Trisomy 18 (T18): Negative

Risk before test: **1 in 2540**
Risk after test: **<1 in 10800**

Cut-off: 1 in 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.

Marker	Measurement	MoM
AFP	18 ng/mL	0.67
uE3	0.67 ng/mL	1.09
hCG	62630 IU/L	0.99
DIA	227 pg/mL	1.32
PAPP-A	936.1 ng/mL	1.30
NT	2.80 mm	2.41

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Jonathan R. Genzen, MD, PhD, Laboratory Director

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Gestational Age Comment:
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.

PAPP-A Maternal Compliance Statement: 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 Screen Interpretation Compliance Statement: 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.

Patient Information Used in Risk Calculations

Maternal Age at Delivery:	31.3 yr
Maternal Weight:	146.0 lbs.
Gestational Age at Draw:	14 wks, 3 days
Number of Fetuses:	Singleton
Maternal Race:	Nonblack
Medication-Dependent Maternal Diabetes:	No
Current Smoker:	No
Family History of Neural Tube Defects:	No
Family History of Aneuploidy:	No
Specimen:	Initial sample
Crown Rump Length:	52.4 mm
Sonographer Certification #:	
Sonographer Name:	
Ultrasound Date:	02-08-23

Reference Information

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Patient: | **Date of Birth:** | **Sex:** | **Physician:**
Patient Identifiers: | **Visit Number (FIN):**

The following links or information offer complete and up to date information about this test, including access to ARUP Consult™ disease topics and other supplemental resources.

- Maternal Screening, Sequential, Specimen #2, Alpha Fetoprotein, hCG, Estriol, and Inhibin A
  (http://ltd.aruplab.com/tests/pub/3000148)
- Prenatal Aneuploidy Screening
  (https://www.aruplab.com/genetics/tests/prenatal)
- Additional Technical Information
  (http://ltd.aruplab.com/Tests/Pdf/311)