

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 6/20/1995  
**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	23 ng/mL
MoM for AFP	0.73
Patient's uE3	0.92 ng/mL
MoM for uE3	1.02
Patient's hCG, 2nd Trimester	38078 IU/L
hCG MoM, 2nd Trimester	0.89
Patient's DIA	170 pg/mL
MoM for DIA	1.11
PAPP-A Maternal	573.5 ng/mL
MoM for PAPP-A	0.50
Nuchal Translucency (NT)	1.80 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 1.01

Nuchal Translucency (NT), Twin B Not Applicable mm

MoM for NT, Twin B Not Applicable

**Maternal Screen Interpretation**

Screen Neg

INTERPRETATION: SCREEN NEGATIVE

Neural Tube Defects (NTD)	Negative
Down syndrome (DS)	Negative
Trisomy 18 (T18)	Negative

	Pre-Test	Post-Test	Cutoff
Neural Tube Defects Risks	1:1030	< 1:10000	1:250
Down Syndrome Risks	1:901	1:10100	1:110
Trisomy 18 Risks	1:3510	< 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 less than the screening cut-off.

The risk of trisomy 18 is less than the screening cut-off.

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Maternal Age At Delivery 28.2 yr

Maternal Weight 160.0 lbs.

Gestational Age for Second Specimen 15 wks, 5 days

Number of Fetuses Singleton

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Maternal Race	Nonblack
Insulin Req Maternal Diabetes	No
Smoking	No
Family Hx Neural Tube Defect	No
Family History of Aneuploidy	No
Specimen	See Note Initial sample
Crown Rump Length	70.6 mm
Crown Rump Length, Twin B	Not Applicable mm
Sonographer Certification #	
Sonographer Name	
Ultrasound Date	02-09-23
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	23-059-113795	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for AFP	23-059-113795	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Patient's uE3	23-059-113795	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for uE3	23-059-113795	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Patient's hCG, 2nd Trimester	23-059-113795	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
hCG MoM, 2nd Trimester	23-059-113795	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Patient's DIA	23-059-113795	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for DIA	23-059-113795	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
PAPP-A Maternal	23-059-113795	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for PAPP-A	23-059-113795	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Nuchal Translucency (NT)	23-059-113795	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for NT	23-059-113795	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Nuchal Translucency (NT), Twin B	23-059-113795	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for NT, Twin B	23-059-113795	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Screen Interpretation	23-059-113795	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Age At Delivery	23-059-113795	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Weight	23-059-113795	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Gestational Age for Second Specimen	23-059-113795	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Number of Fetuses	23-059-113795	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Race	23-059-113795	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Insulin Req Maternal Diabetes	23-059-113795	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Smoking	23-059-113795	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Family Hx Neural Tube Defect	23-059-113795	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Family History of Aneuploidy	23-059-113795	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Specimen	23-059-113795	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Crown Rump Length	23-059-113795	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Crown Rump Length, Twin B	23-059-113795	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Sonographer Certification #	23-059-113795	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Sonographer Name	23-059-113795	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Ultrasound Date	23-059-113795	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EER Maternal Serum, Sequential, Spcm2	23-059-113795	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: