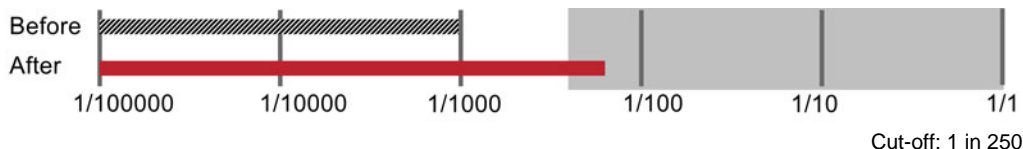


Patient: DOB: _____ Age: _____ Gender: _____	Client: Physician: _____	ARUP Test Code: 3000149
Patient Identifiers:		Collection Date:
Visit Number (FIN):		Received in lab:
		Completion Date:

Interpretation: SCREEN POSITIVE
Follow-up for risk of OSB and Trisomy 18 is suggested

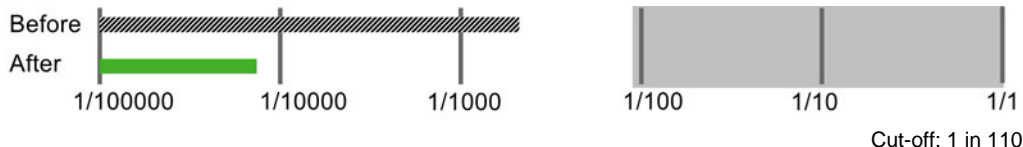
Neural Tube Defects (NTD): Positive

Risk before test: 1 in 1030
Risk after test: 1 in 159



Down syndrome (DS): Negative

Risk before test: 1 in 475
Risk after test: 1 in 13500



Trisomy 18 (T18): Positive

Risk before test: 1 in 1850
Risk after test: 1 in 3



Comments:

The risk of open neural tube defects is greater than the screening cut-off based on AFP MoM and/or pre-test risk factors. Other outcomes of positive screens include normal pregnancy, under-estimated gestational age, multiple gestation, ventral wall defects, and imminent or current fetal demise. Genetic counseling, level II fetal ultrasound, and if clinically indicated, amniocentesis are recommended. If you have questions regarding this screen, please call Genetics at 800-242-2787 ext 2141.

The risk of Down syndrome is less than the screening cut-off.

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

Marker	Measurement	MoM
AFP	120 ng/mL	2.72
uE3	0.25 ng/mL	0.11
hCG	2165 IU/L	0.13
DIA	45 pg/mL	0.30
PAPP-A	800.2 ng/mL	1.27
NT	1.70 mm	1.08



Patient: _____
ARUP Accession: 21-153-118920

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

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

genetic syndromes. Recalculating Trisomy 18 risk based on second trimester dating is not recommended as Trisomy 18 fetuses may be small for gestational age. 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.

NOTE: The maternal serum estriol is extremely low. This has been associated with fetal steroid sulfatase deficiency (STS gene deletion) and a rare disorder called Smith-Lemli-Opitz Syndrome (SLOS). Genetic counseling is recommended.

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:	33.1 yr
Maternal Weight:	95.0 kg
Estimated Due Date:	10-15-21
Gestational Age at Draw:	20 wks, 5 days
Number of Fetuses:	Singleton
Maternal Race:	Unknown
Medication-Dependent Maternal Diabetes:	No
Current Smoker:	No
Family History of Neural Tube Defects:	No
Family History of Aneuploidy:	No
Specimen:	Initial sample



Patient:

ARUP Accession: 21-153-118920

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

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

Crown Rump Length: 67.7 mm

Sonographer Certification #:

Sonographer Name:

Ultrasound Date: 04-08-21

Reference Information

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 Serum Screening, Integrated, Specimen #2, Alpha Fetoprotein, hCG, Estriol, and Inhibin A](http://ltd.aruplab.com/tests/pub/3000149)
(http://ltd.aruplab.com/tests/pub/3000149)
- [Prenatal Aneuploidy Screening](https://www.aruplab.com/genetics/tests/prenatal)
(https://www.aruplab.com/genetics/tests/prenatal)
- [Additional Technical Information](http://ltd.aruplab.com/Tests/Pdf/311)
(http://ltd.aruplab.com/Tests/Pdf/311)



Patient:

ARUP Accession: 21-153-118920