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

Physician: Doctor, Example

Patient: Patient, Example

DOB	8/25/1988
Gender:	Female
Patient Identifiers:	01234567890ABCD, 012345
Visit Number (FIN):	01234567890ABCD
Collection Date:	00/00/0000 00:00

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

ARUP test code 3000149

Patient's AFP	120 ng/mL
MoM for AFP	2.72
Patient's uE3	0.25 ng/mL
MoM for uE3	0.11
Patient's hCG, 2nd Trimester	2165 IU/L
hCG MoM, 2nd Trimester	0.13
Patient's DIA	45 pg/mL
MoM for DIA	0.30
PAPP-A Maternal	800.2 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	1.27

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

Nuchal Translucency (NT)	1.70 mm
MoM for NT	1.08
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 OSB and Trisomy 18 is suggested

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

	Pre-Test	Post-Test	Cutoff
Neural Tube Defects Risks	1:1030	1:159	1:250
Down Syndrome Risks	1:475	1:13500	1:110
Trisomy 18 Risks	1:1850	1:3	1:100

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 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.

	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 Age At Delivery	33.1 yr
Maternal Weight	95.0 kg
Estimated Due Date	10-15-21
Gestational Age for Second Specimen	20 wks, 5 days 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.
Dating	Ultrasound
Number of Fetuses	Singleton
Maternal Race	Unknown
Insulin Req Maternal Diabetes	No
Smoking	No
Family Hx Neural Tube Defect	No
Family History of Aneuploidy	No
Specimen	See Note Initial sample

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Crown Rump Length	67.7 mm
Crown Rump Length, Twin B	Not Applicable mm
Sonographer Certification #	Unknown_number
Sonographer Name	Unknown, Sonog
Ultrasound Date	04-08-21
EER Maternal Serum, Integrated, Spcm2	See Note Access ARUP Enhanced Report using the link below: -Direct access:

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

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Patient's AFP	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for AFP	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Patient's uE3	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for uE3	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Patient's hCG, 2nd Trimester	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
hCG MoM, 2nd Trimester	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Patient's DIA	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for DIA	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
PAPP-A Maternal	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for PAPP-A	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Nuchal Translucency (NT)	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for NT	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Nuchal Translucency (NT), Twin B	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MoM for NT, Twin B	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Screen Interpretation	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Age At Delivery	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Weight	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Estimated Due Date	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Gestational Age for Second Specimen	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Dating	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Number of Fetuses	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Race	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Insulin Req Maternal Diabetes	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Smoking	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Family Hx Neural Tube Defect	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Family History of Aneuploidy	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Specimen	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Crown Rump Length	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Crown Rump Length, Twin B	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Sonographer Certification #	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Sonographer Name	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Ultrasound Date	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EER Maternal Serum, Integrated, Spcm2	21-153-118920	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

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