

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

Physician: Doctor, Example

## Patient: Patient, Example

DOB	Unknown
Gender:	Female
<b>Patient Identifiers:</b>	01234567890ABCD, 012345
Visit Number (FIN):	01234567890ABCD
<b>Collection Date:</b>	00/00/0000 00:00
<b>Collection Date:</b>	00/00/0000 00:00

## Non-Invasive Prenatal Aneuploidy Screen by cell-free DNA Sequencing

ARUP test code 3003043

Multiple Gestation	Νο		
Gestational Age at Draw	10 wks or over		
Report Fetal Sex	Yes		
Fetal Fraction	3.2 %		
EER Non-Invasive Prenatal NGS Aneu	See Note Authorized individuals can access the ARUP Enhanced Report with an ARUP Connect account using the following link. Your local lab can assist you in obtaining the patient report if you don't have a Connect account.		
Frisomy 21	Low Risk		
Frisomy 18	Low Risk		
Frisomy 13	Low Risk		
Sex Chromosome Trisomies and Monosomy X	No Result		

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

Unless otherwise indicated, testing performed at:



**Result Summary** 

## See Note

\*

Testing of this specimen did not yield result(s) on the sex chromosome(s); neither the sex of the fetus nor the risk for sex chromosome abnormalities can be assessed. The risk that this fetus has any of the other conditions for which we were able to provide a result is LOW. A repeat specimen will not provide additional information and is not indicated.

Underlying causes may include, but are not limited to, maternal medical conditions and/or aneuploidy/mosaic aneuploidy, fetal chromosome abnormalities/mosaic chromosome abnormalities other than the targeted conditions. Follow-up is recommended which may include genetic counseling, ultrasound, amniocentesis, CVS or other testing as recommended by the patient's healthcare provider. The risk of fetal aneuploidy may be increased in cases where cfDNA testing fails to yield a result (ACOG/SMFM 2020 Practice Bulletin 226, PMID: 32976375).

Additionally, the reported fetal fraction for this sample is less than 4.0 percent. Samples with observed fetal fraction less than 4.0 percent are associated with lower sensitivity to detect fetal aneuploidy (PMID: 32804883, PMID: 27467454). Clinical correlation is suggested.

This is a screening test and is NOT diagnostic for the condition(s) listed in this report. Both false positive and false negative results may occur. Irrevocable action such as pregnancy termination should not be taken based on the results of this screening test.

Health care providers with questions may contact an ARUP genetic counselor at (800) 242-2787 ext. 2141.

This result has been reviewed and approved by

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

Unless otherwise indicated, testing performed at:

ARUP LABORATORIES | 800-522-2787 | aruplab.com 500 Chipeta Way, Salt Lake City, UT 84108-1221 Jonathan R. Genzen, MD, PhD, Laboratory Director Patient: Patient, Example ARUP Accession: 25-009-102659 Patient Identifiers: 01234567890ABCD, 012345 Visit Number (FIN): 01234567890ABCD Page 2 of 4 | Printed: 1/23/2025 3:02:50 PM 4848



INTERPRETIVE INFORMATION: Non-Invasive Prenatal Aneuploidy Screen by cell-free DNA Sequencing

CHARACTERISTICS: This assay is a screening test that interrogates chromosomal abnormalities (i.e., aneuploidies) using cell-free DNA (cfDNA) extracted from the blood plasma of any singleton pregnancy. Patient risk for trisomy 13, trisomy 18, trisomy 21, and sex chromosome aneuploidies is reported. Fetal fraction, in conjunction with other data quality metrics, must be met in order for each sample to yield a result. The assay is intended for use as a screen only and is not equivalent to prenatal genetic diagnostic testing.

METHODOLOGY: Next generation sequencing (NGS) (aka massively parallel sequencing (MPS)) of fetal and maternal cfDNA present in the plasma.

ANALYTICAL VALIDATION ACCURACY: The analytical sensitivity was calculated using positive percent agreement (PPA) compared to established methods to detect fetal aneuploidy. For samples with greater than or equal to 4.0 percent fetal fraction, the PPAs are as follows: T13 is 86.7 percent, T18 greater than 99.9 percent, and T21 is 96.4 percent. The combined PPA for all aneuploidies is 95.5 percent. For samples with less than 4.0 percent fetal fraction, the sensitivity to detect fetal aneuploid is significantly lower and the combined PPA is 60 percent. The specificity, as calculated as negative percent agreement, is 99.5 percent across all observed fetal fraction values.

CLINICAL PERFORMANCE: Information on clinical performance for this assay can be found in the following reference: Borth H. Analysis of cell-free DNA in a consecutive series of 13,607 routine cases for the detection of fetal chromosomal aneuploidies in a single center in Germany. Arch Gynecol Obstet. 2021;303(6):1407-1414.

LIMITATIONS: This is a screening test and should not be considered in isolation from other clinical findings and diagnostic test results. Prior to any pregnancy management decisions, confirmation of high-risk results by diagnostic testing (amniocentesis, CVS, or postnatal testing) is recommended. The current iteration of this assay is limited to reporting the following on singleton pregnancies: fetal sex, fetal fraction, risk level for trisomy 13, 18, 21, and risk level for sex chromosome aneuploidies Turner Syndrome, XXX, XXY, and XYY. This assay does not assess deletions or duplications within a chromosome rearrangements, or chromosomal aneuploidies not listed above. Results may be confounded by the following: recent maternal blood transfusion, organ transplant, surgery, immunotherapy, malignancy, fetal demise, vanishing twin, fetal partial aneuploidy, and/or mosaic aneuploidy of the fetus, mother, and/or placenta. Samples with observed fetal fraction less than 4.0 percent have lower sensitivity to detect fetal aneuploidy, and the accuracy of the fetal fraction estimate is significantly lower. Fetal demise/miscarriage is not assessed.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

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VERIFIED/REPORTED DATES					
Procedure	Accession	Collected	Received	Verified/Reported	
Multiple Gestation	25-009-102659	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00	
Gestational Age at Draw	25-009-102659	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00	
Report Fetal Sex	25-009-102659	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00	
Fetal Fraction	25-009-102659	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00	
EER Non-Invasive Prenatal NGS Aneu	25-009-102659	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00	
Trisomy 21	25-009-102659	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00	
Trisomy 18	25-009-102659	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00	
Trisomy 13	25-009-102659	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00	
Sex Chromosome Trisomies and Monosomy X	25-009-102659	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00	
Fetus Sex	25-009-102659	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00	
Result Summary	25-009-102659	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00	

## END OF CHART

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