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

Physician: Doctor, Example

Patient: Patient, Example

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

RhD Gene (RHD) Copy Number, Fetal

ARUP test code 3016640

RhD Gene (RHD) Copy Number, Fetal Spec	Cultured CVS
RhD Gene (RHD) Copy Number Fetal, Interp	2 copies

Indication for testing: Determine fetal RhD copy number to assess risk for alloimmune hemolytic disease.

Homozygous: Two copies of the RhD allele were detected in this prenatal sample, predictive of an RhD-positive phenotype in this fetus. Clinical correlation is recommended.

This result has been reviewed and approved by [redacted]

BACKGROUND INFORMATION: RhD Gene (RHD) Copy Number, Fetal

CHARACTERISTICS: Fetal or neonatal erythroblastosis and hydrops.
INCIDENCE OF RHD NEGATIVE GENOTYPE: 15 percent Whites, 5 percent African Americans, less than 1 percent Asians.
INHERITANCE: Autosomal recessive
CAUSE: Maternal-fetal Rh D antigen incompatibility
CLINICAL SENSITIVITY: Greater than 98 percent.
METHODS: Determine the presence of the RHD exons 5, 7, and a 37 base pair insertion in the intron 3/exon 4 boundary by polymerase chain reaction (PCR)/fluorescence monitoring/fragment analysis. Allelic height ratios are used to determine the number of copies of RHD as compared to RHCE.
ANALYTICAL SENSITIVITY AND SPECIFICITY: Greater than 99 percent.
LIMITATIONS: Bloody amniotic fluid specimens may give false-negative results because of maternal cell contamination; specificity may be compromised by variants in primer sites or those outside the RHD exons examined; fetuses predicted to be unaffected should continue to be monitored by noninvasive means. Does not identify or distinguish between partial and weak RHD genotypes. Diagnostic errors can occur due to rare sequence variations.

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.

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

Maternal Contamination Study Fetal Spec	Fetal Cells Single fetal genotype present; no maternal cells present. Fetal and maternal samples were tested using STR markers to rule out maternal cell contamination.
Maternal Contam Study, Maternal Spec	Whole Blood

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
RhD Gene (RHD) Copy Number, Fetal Spec	23-235-117430	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
RhD Gene (RHD) Copy Number Fetal, Interp	23-235-117430	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Contamination Study Fetal Spec	23-235-117430	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Contam Study, Maternal Spec	23-235-117430	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

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