

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: [REDACTED]/1998

Gender: Female

Patient Identifiers: 01234567890ABCD, 012345

Visit Number (FIN): 01234567890ABCD

Collection Date: 00/00/0000 00:00

RhC/c (RHCE) Antigen Genotyping, Fetal

ARUP test code 3016679

RHC GENO, Fetal Specimen

Direct Amnio

RhCc Genotype Fetal, Interpretation

c/c

Please send any postnatal outcomes concerning this prenatal result to ARUP Genetic Counseling fax: 801-584-5236.

Indication for testing: Determine fetal RhCc genotype to assess risk for alloimmune hemolytic disease.

Fetal genotype: Homozygous big c

Interpretation: Two copies of the big c allele were detected in this prenatal sample; the little c allele was not identified. Homozygosity for the big c allele predicts expression of big c antigen and lack of expression of little c antigen (also referred to as RhC+c- phenotype) in this fetus. If the pregnant patient is sensitized to little c antigen, this fetus is predicted to not be at risk for anti-c-mediated alloimmune hemolytic disease.

This result has been reviewed and approved by [REDACTED]

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: 25-342-101650
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
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4848

BACKGROUND INFORMATION: RhC/c (RHCE) Antigen Genotyping, Fetal

CHARACTERISTICS: Erythrocyte alloimmunization may result in hemolytic transfusion reactions or hemolytic disease of the fetus and newborn (HDFN).

C ANTIGEN FREQUENCY: 0.27 African American, 0.93 Asian, 0.68 white.

c ANTIGEN FREQUENCY: 0.98 African American, 0.47 Asian, 0.80 white.

INHERITANCE: Codominant.

CAUSE: Antigen-antibody mediated red-cell hemolysis between donor/recipient or transferred maternal antibodies.

POLYMORPHISM TESTED: RHCE c.307C>T; p.Pro103Ser and 109bp insertion. Assesses for Rh blood group antigens C and c.

CLINICAL SENSITIVITY: 99 percent.

METHODOLOGY: Immucor PreciseTypeTM HEA Molecular Beadchip which is FDA-approved for clinical testing/polymerase chain reaction (PCR)/fragment analysis.

ANALYTIC SENSITIVITY AND SPECIFICITY: 99 percent.

LIMITATIONS: Bloody amniotic fluid samples may give false-negative results because of maternal cell contamination. Rare nucleotide changes leading to altered or partial antigen expression may not be detected by this assay. Genotypes resulting in Rh null phenotypes will not be assessed. This assay is occasionally limited in predicting genotype due to extreme variation in the Rh locus. False-negative Rhc or Rhc predictions may result due to RHCE-D-CE fusion genes. Patients who have had hematopoietic stem cell transplants may have inconclusive results on this test. Abnormal signal intensities may result in indeterminate genotyping results.

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.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
RHC GENO, Fetal Specimen	25-342-101650	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
RhCc Genotype Fetal, Interpretation	25-342-101650	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

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