State Hygienic Laboratory

The University of Iowa

Accession Number	235920
Patient	**DOE, JANE**
Date Collected	2017-05-03 11:25
Date Received	2017-05-03 14:10
Birth Date	1995-06-30
Gender	Female
Address	1234 MAIN ST ANYTOWN, IA 52999
Project	
Client Reference	9787453245
Provider	WELBY, MARCUS

ANYTOWN HOSPITAL
1000 MEDICAL ST
ANYTOWN, IA 52999

Results of Analyses

Maternal Screen Integrated, Enzyme Immunoassay

Sample Type	Serum specimen	Analyzed In	Coralville
Units		Date Verified	2017-05-18 15:22
Analyst	MBH	Verifier	DU

Analyte	Result	Unit		
Accession # 1st Tri Sample	235690			
Collected 1st Tri Sample	2017-04-01			
Maternal Weight 1st Tri Sample	185.9	lbs		
Gestational Age 1st Tri Sample	88 days (12w4d)			
Egg Donor	No			
Egg's Age				
Maternal Age At Delivery	22.3	years		
Maternal Weight 2nd Tri Sample	191.3	lbs		
Maternal Race Black	Yes			
Number of Fetuses	1			
Insulin Dependent Diabetic	No			
Family History of NTD	No			
Ultrasound	2017-04-01			
CRL	62	mm		
NT Measurement	2.40	mm		
Sonographer	LEGGINS KRISTEN			
Gestational Age 2nd Tri Sample	120 days (17w1d)			

Analyte	Result	Screen Cutoff	Interpretation	Recommended Action
NT MoM	1.59			
PAPP-A MoM	0.52			
AFP MoM	0.52	NTD >= 2.2	Negative	No further action
Estriol (uE3) MoM	1.09			
HCG MoM	1.07			
Inhibin MoM	1.42			
Age Related DS Risk	1:1200			
Down Syndrome (DS) Risk	1:190	>=1:150	Negative	No further action
Trisomy 18 Risk	1:73000	>=1:100	Negative	No further action

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712/337-3669 ext. 6 Fax: 712/337-0227

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2220 S. Ankeny Blvd
Ankeny, IA 50023
515/725-1600 Fax: 515/725-1642

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Accession Number | 235920

Analyte	Result			
Accession # 2nd Tri Sample	235920			
Collected 2nd Tri Sample	2017-05-03			

Note: Screening will detect approximately 85% of fetuses with Down syndrome, 80% of fetuses with Trisomy 18 and 85% of fetuses with open neural tube defects in a singleton pregnancy. This test does not reliably detect other chromosomal abnormalities. NT measurement greater than or equal to 3.0 mm increases the risk for aneuploidy, heart defects and other congenital abnormalities. Maternal screening has some level of inherent false negative and false positive results and is not a substitute for diagnostic testing.

This report is based on the clinical information provided. Missing or incorrect data will result in an inaccurate interpretation. Please review and call Program Medical Consultant at 319-356-8892 with questions.

This test uses a kit designated by the manufacturer as, "for research use, not for clinical use." The performance characteristics of this test were validated by the State Hygienic Laboratory. The FDA has not approved or cleared this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions.

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