## SAMPLE REPORT



## **Sequential** Screen<sup>™</sup> Second Trimester

Open Neural Tube Defects, Down Syndrome, Trisomy 18

Patient Name: Sample Patient

Referring Physician: John Doe, M.D.

Patient ID: 20000000-1 Client #: 12345

DOB: 00/00/1983

Lab ID:

SSN: \*\*\*-\*\*-

Hospital ID:

CC: James Smith, M.D.

City Hospital 1 Main Street Anywhere, USA

## Pregnancy information used in risk calculations:

Gestational Age: US 03/28/2013

NT: 1.5 mm Twin A CRL: 69.5 mm

Sonographer: Jane Doe

Twin B

NT: 1.7 mm

CRL: 70.5 mm

# of Fetuses: 2

Race: African American

DS Hx: Assumed No

NTD Hx: Assumed No

Age At Term: 30.4

Weight: 185 Lbs.

IDDM: Assumed No.

**Second Trimester Serum** 

**First Trimester Serum** Specimen #:

1234567

Specimen #:

1234567

Date Collected: 03/28/2013

Date Collected: 04/23/2013

Date Received: 03/30/2013 GA:

MoM Cutoff:

Date Received: 04/25/2013 GA:

13.0 weeks

16.7 weeks

Results: NT

PAPP-A 2.62 MoM

**AFP** 1.89 MoM HCG

1.59 MoM

UE3 1.80 MoM Inhibin 1.45 MoM

(A) 0.89 MoM

(B) 0.99 MoM

< 4.75

INTERPRETATION: Screen Negative

	Screening Risk	Age Related Risk	Risk Cutoff
Down Syndrome	1:10,000	1:730	1:270
Trisomy 18	see below	1:2,800	1:100
ONTD	1:1,640	N/A	1:145

SequentialScreen will detect approximately 79% of Down Syndrome fetuses in twin pregnancies. Trisomy 18 risk cannot be accurately estimated in twin pregnancies. This test does not reliably detect other chromosomal abnormalities.

A negative screen rules out approximately 58% of open neural tube defects in twin pregnancies. This screen does not detect closed or very small neural tube defects.

Maternal screening has some level of inherent false negative and false positive results and is not a substitute for diagnostic testing. It remains standard of care to offer prenatal diagnosis to women age 35 or older at term.

Please check the patient information used in this risk assessment and call with any corrections.

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Under the direction of: Date: 04/25/2013 Page 1 of 1