

Maternal First Trimester Screen

Marker	Laboratory Result
NT PAPP-A hCG	MoM

Screen	Screen Cut-off	Laboratory Result	Interpretation	Recommended Action
(Open) Neural Tube Defects NTD	N/A	N/A	N/A	N/A
Age Related DS Risk	N/A	Risk [1:n]	N/A	N/A
Down Syndrome (DS) Risk	1:220	Risk [1:n]	Screen Negative for Downs	No further action
			Screen Positive for Downs	Level II Ultrasound and/or consideration for amniocentesis
Trisomy 18 Risk	1:100	Risk [1:n]	Screen Negative for Trisomy 18	No further action
			Screen Positive for Trisomy 18	Level II Ultrasound and/or consideration for amniocentesis
Observation	NT < 3.0	N/A	Observation: NT < 3.0	No further action
	NT >= 3.0	N/A	Observation: NT >= 3.0	Level II Ultrasound and/or consideration for amniocentesis

If ALL screens are negative	Screen Negative	No further action
If ANY screen is positive each will be listed		

TEST TRAILER

Screening will detect approximately 83% of fetuses with Down syndrome and 80% of fetuses with Trisomy 18 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. Risk assessment for open neural tube defects (ONTD) is not available in the first trimester. A second sample should be submitted between 15 and 20 weeks to screen for open neural tube defects. 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 319-356-3561 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 University 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.



Hygienic Laboratory

The University of Iowa

AFP-DEPT
UNIVERSITY OF IOWA HYGIENIC LAB
102 OAKDALE CAMPUS

IOWA CITY, IA 52242-

Patient | 1ST TRIMESTER SCREEN, NEG
Lab # | 2008167774
Date Collected | 12-02-2008
Date Received | 12-03-2008
Birth Date | 01-29-1972
Gender | F

Address |
ia
Phone #
Patient Id
Provider

There are no further tests pending on this specimen

Maternal First Trimester Screen

Analysis performed in Iowa City

<i>Patient History</i>	<i>Maternal Age At Delivery</i>	37.4 years	<i>Gestational Age</i>	97 days
	<i>Maternal Weight</i>	167.0 lbs.	<i>Ultrasound</i>	2008-12-02
	<i>Maternal Race</i>	White	<i>CRL</i>	80 mm
	<i>Sonographer</i>	Haines	<i>NT</i>	2.3 mm

<i>Laboratory Results</i>	Marker	MoM
	NT	1.05
	PAPP-A	0.97
	HCG	0.82

Screen	Risk	Screening Cutoffs
Age Related DS Risk	1:120	
Down Syndrome (DS) Risk	1:3400	1:220
Trisomy 18 Risk	1:32000	1:100

Interpretation	Recommended Action
Screen Negative	No further action

Note

Screening will detect approximately 83% of fetuses with Down syndrome and 80% of fetuses with Trisomy 18 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. Risk assessment for open neural tube defects (ONTD) is not available in the first trimester. A second sample should be submitted between 15 and 20 weeks to screen for open neural tube defects. 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 319-356-3561 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 University 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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 IOWA CITY, IA 52242-

<i>Patient</i>	1ST TRIMESTER SCREEN, PP DS
<i>Lab #</i>	2008000101
<i>Date Collected</i>	07-30-2008
<i>Date Received</i>	07-31-2008
<i>Birth Date</i>	06-22-1974
<i>Gender</i>	
<i>Address</i>	ia
<i>Phone #</i>	
<i>Patient Id</i>	
<i>Provider</i>	

There are no further tests pending on this specimen

Maternal Screen 1st Trimester

Analysis performed in Iowa City

<i>Patient History</i>	<i>Maternal Age At Delivery</i>	34.7 years	<i>Gestational Age</i>	81 days
	<i>Maternal Weight</i>	101.3 lbs.	<i>Ultrasound</i>	2008-07-30
	<i>Maternal Race</i>	White	<i>CRL</i>	49 mm
	<i>Sonographer</i>	Black	<i>NT</i>	2.1 mm

<i>Laboratory Results</i>	<u>Marker</u>	<u>MoM</u>
	NT	1.68
	PAPP-A	0.49
	HCG	0.95

<u>Screen</u>	<u>Risk</u>	<u>Screening Cutoffs</u>
Down Syndrome (DS) Risk	1:100	1:220
Trisomy 18 Risk	1:3700	1:100

<u>Interpretation</u>	<u>Recommended Action</u>
Screen Positive for Downs	Level II ultrasound, counseling and consideration for diagnostic testing
Screen Negative for Trisomy 18	No further action
Observation: NT < 3.0 mm	No further action

Note Screening will detect approximately 83% of Down Syndrome and 80% of Trisomy 18 fetuses 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. Risk assessment for open neural tube defects (ONTD) is not available in the first trimester. A second sample should be submitted between 15 and 20 weeks to screen for 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. This report is based on the clinical information provided. Missing or incorrect data will result in an inaccurate interpretation. Please review and call 319-356-3561 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 University 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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 IOWA CITY, IA 52242-

Patient | **1ST TRIMESTER, PP T18**
Lab # | 2008003716
Date Collected | 07-24-2008
Date Received | 07-24-2008
Birth Date | 02-06-1972
Gender |

Address |
 ia

Phone # |
Patient Id |
Provider |

There are no further tests pending on this specimen

Maternal Screen 1st Trimester

Analysis performed in Iowa City

<i>Patient History</i>	<i>Maternal Age At Delivery</i>	37.0 years	<i>Gestational Age</i>	86 days
	<i>Maternal Weight</i>	110.2 lbs.	<i>Ultrasound</i>	2008-07-24
	<i>Maternal Race</i>	White	<i>CRL</i>	58 mm
	<i>Sonographer</i>	Black	<i>NT</i>	2.5 mm

<i>Laboratory Results</i>	<u>Marker</u>	<u>MoM</u>
	NT	1.72
	PAPP-A	0.44
	HCG	0.29

<u>Screen</u>	<u>Risk</u>	<u>Screening Cutoffs</u>
Age Related DS Risk	1:140	
Down Syndrome (DS) Risk	1:600	1:220
Trisomy 18 Risk	1:56	1:100

<u>Interpretation</u>	<u>Recommended Action</u>
Screen Negative for Downs	No further action
Screen Positive for Trisomy 18	Level II ultrasound, counseling and consideration for diagnostic testing
Observation: NT < 3.0 mm	No further action

Note Screening will detect approximately 83% of Down Syndrome and 80% of Trisomy 18 fetuses 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. Risk assessment for open neural tube defects (ONTD) is not available in the first trimester. A second sample should be submitted between 15 and 20 weeks to screen for 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. This report is based on the clinical information provided. Missing or incorrect data will result in an inaccurate interpretation. Please review and call 319-356-3561 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 University 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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 IOWA CITY, IA 52242-

<i>Patient</i>	1ST TRIMESTER, PP NT>3.0
<i>Lab #</i>	2008004090
<i>Date Collected</i>	07-24-2008
<i>Date Received</i>	07-24-2008
<i>Birth Date</i>	02-20-1988
<i>Gender</i>	
<i>Address</i>	ia
<i>Phone #</i>	
<i>Patient Id</i>	
<i>Provider</i>	

There are no further tests pending on this specimen

Maternal Screen 1st Trimester

Analysis performed in Iowa City

<i>Patient History</i>	<i>Maternal Age At Delivery</i>	21.0 years	<i>Gestational Age</i>	92 days
	<i>Maternal Weight</i>	145.4 lbs.	<i>Ultrasound</i>	2008-07-24
	<i>Maternal Race</i>	Unknown	<i>CRL</i>	71 mm
	<i>Sonographer</i>	Black	<i>NT</i>	3.3 mm

<i>Laboratory Results</i>	<u>Marker</u>	<u>MoM</u>
	NT	1.83
	PAPP-A	1.04
	HCG	1.38

<u>Screen</u>	<u>Risk</u>	<u>Screening Cutoffs</u>
Down Syndrome (DS) Risk	1:340	1:220
Trisomy 18 Risk	1:23000	1:100

<u>Interpretation</u>	<u>Recommended Action</u>
Screen Negative for Downs	No further action
Screen Negative for Trisomy 18	No further action
Observation: NT >= 3.0 mm	Level II ultrasound, counseling and consideration for diagnostic testing

Note Screening will detect approximately 83% of Down Syndrome and 80% of Trisomy 18 fetuses 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. Risk assessment for open neural tube defects (ONTD) is not available in the first trimester. A second sample should be submitted between 15 and 20 weeks to screen for 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. This report is based on the clinical information provided. Missing or incorrect data will result in an inaccurate interpretation. Please review and call 319-356-3561 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 University 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.