



Afp Test (for ONTDs)

Physician ID #: 24328
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 OB SPECIALISTS
 100 ANYWHERE ST
 MELVILLE, NY 11747

Patient Name: ONLY, AFP
 Client ID #:
 Patient ID #: 17SE0099991 **2nd Trimester data**
 Date of Birth: 08/17/80 **Insulin Rx:** No
 Age at EDC: 37 **Fam Hx ONTD:** No
 Mat. Weight: 151 lbs **State:** NY
 Ethnicity: Caucasian **Draw Date:** 03/11/17
 Prev Chrom Hx: None **GA @ Draw:** 16w1d
 Multi. Preg: No **GA by:** EDC By U/S
 Smoker: No **Date Received:** 03/13/17
 EDC: 08/25/17 **Report Date:** 03/14/17

2nd Trimester

Marker/Analyte	Value	MoM	%ile
AFP	31 (IU/ml)	1.04	50

Risk Table	Cut-Off	Risk Before Screening	Risk After Screening	Result
Total ONTDs/VWD	2 MoM	1 in 588	1 in 25,116	WITHIN RANGE
Open Spina Bifida	--	1 in 2,000	1 in 39,839	---
Anencephaly	--	1 in 1,429	1 in 127,067	---
Ventral Wall Defect	--	1 in 2,000	1 in 146,091	---

Total ONTDs/VWD	Decreased Risk Zone								Borderline Elevation			Significant Elevation			
MoM:	0.2	0.4	0.6	0.8	1.0	1.2	1.4	1.6	1.8	2.0	2.2	2.4	2.6	2.8	3.0

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CAUTION: These results do not eliminate the possibility that this pregnancy may be associated with birth defects including open neural tube defects, ventral wall defects, or other disorders not detectable by this screening test. This report contains Protected Health Information. The recipient shall not disclose this information without the permission of the patient unless required to provide appropriate medical care. **Any recommendations or comments on specific analytes are provided as a courtesy to the ordering physician and do not constitute medical advice.**