MAYO CLINIC
Mayo Medical Laboratories

LABORATORY SERVICE REPORT

1-800-533-1710

| PATIENT NAME | PATIENT NUMBER | AGE | SEX | ACCESSION # |
|---|---|---|---|---|
| TESTING, 81169 IS | L3MRNG9157099 | 30 | F | G9157099 |

| ORDERING PHYSICIAN | CLIENT ORDER # | ACCOUNT # |
|---|---|---|
| | | LIAISONS |

| COLLECTION DATE TIME | RECEIVED DATE TIME | REPORT PRINTED DATE TIME | SPECIMEN INFORMATION |
|---|---|---|---|
| 10/06/10 01:22 P | | 10/19/10 01:49 P | DATE OF BIRTH: |

Test Client
Attn: Mayo Liaisons
200 First Street SW
Rochester, MN 55905
507-284-8202

| TEST REQUESTED | HI LO | | REF RANGE | PERFORM SITE * |
|---|---|---|---|---|
| **AFP SINGLE MARKER SCRN, MATERNAL, S** | | | | |
| Recalculated Maternal Serum Screen | None | | | SDL |
| Collection date | 10-06-10 | | | SDL |
| Birthdate | 12-23-70 | | | SDL |
| Calculated age at EDD | 40 | | | SDL |
| Maternal Weight | 150 | lbs | | SDL |
| Insulin dependent diabetes | No | | | SDL |
| Black race | White | | | SDL |
| Gestation (GA) by U/S | 3,5 | wk,d | | SDL |
| Date of U/S | 05-05-25 | | | SDL |
| Gestation (GA) by dates | 2,4 | wk,d | | SDL |
| Gestation (GA) by physical exam | 5 | wk | | SDL |
| GA on collection by U/S scan | 4,7 | wk,d | | SDL |
| GA on collection by dates | 6,2 | wk,d | | SDL |
| GA on collection by physical exam | 3,0 | wk | | SDL |
| INTERPRETATION | | | | SDL |
| Screen negative for neural tube defects. | | | | |
| RECOMMENDED FOLLOW UP | | | | SDL |
| Screen negative for neural tube defects. | | | | |
| GENERAL TEST INFORMATION | | | | SDL |
| This screening provides an estimation of risk, not a diagnosis. Incorrect or incomplete information may significantly alter results. | | | | |

** Perform Site Legend on last page of report*

| PATIENT NAME | ORDER STATUS | COLLECTION DATE AND TIME |
|---|---|---|
| TESTING, 81169 IS | Final | 10/06/10 01:22 P |

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Results may be unreliable in twin pregnancies with a fetal demise. Results are not available for diabetic-twin pregnancies or for triplets and higher-order multiples.
A positive result occurs when the AFP MoM equals or exceeds 2.5 (5.33 MoM for twins).
Screen results and family history influence individual risk. If there is a family history of a neural tube defect, chromosome abnormality, or other inherited condition, consider the option of a genetic consultation.
For further information, please contact the maternal screening laboratory at 1-800-533-1710.

* PERFORMING SITE

| | | |
|---|---|---|
| SDL | Mayo Clinic Dpt of Lab Med & Pathology Superior Dr<br>3050 Superior Dr. NW Rochester, MN 55901 | Lab Director: Franklin R. Cockerill, III, M.D. |

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