atlanta birth center

Name: ECCLESIA MORAIN

Lab Summary

Client's DOB:	05/08/1995	Gravida:	1	SAB:	....	**Allergies:**	**- Allergic to medications(Allergic to azithromycin,)**
EDD:	07/16/2025	Term:	0	TAB:	....		- Not Allergic to latex
GBS:	Negative	Prem:	....	Living:	....		- Not Allergic to adhesives and/or bandaids
Blood Type:	O Positive						**- Allergic to food(Tree Nuts)**
							- Allergic to environmental(Grass/hay, Pollen)

Lab Flow		7 w 6 d	11 w 1 d	13 w 1 d	15 w 0 d	**Normal Values**			
Name		12/03/2024	12/26/2024	01/09/2025	01/22/2025	Non Preg	1st Tri	2nd Tri	3rd Tri
OB Panel									
Blood Type			O	O					
Rh Factor			Positive	Positive					
Antibody Screen				Negative					
Rubella Antibodies, IgG	index			Immune					
RPR/ Treponema				Non-Reactive					
Hep B Surface Ag				Non-Reactive					
Hep C Virus Ab									
HIV-1/HIV-2 Screen				Non-Reactive					
Hemoglobin Solubility				Negative					
Urine Culture									
Vitamin D, 25-Hydroxy	ng/mL					30 - 100	30 - 100	30 - 100	30 - 100
Genetic Screening									
NIPT					Negative				
Carrier Screening					Negative				
CBC									
WBC	x10^3/mm^3					3.5 - 9.1	5.7 - 13.6	5.6 - 14.8	5.9 - 16.9
RBC	x10E6/uL					3.77 - 5.28	3.77 - 5.28	3.77 - 5.28	3.77 - 5.28
Hemoglobin	g/dL		11.7	10.9		12 - 15.8	11.6 - 13.9	9.7 - 14.8	9.5 - 15
Hematocrit	%		35.4	33.9		35.4 - 44.4	31 - 41	30 - 39	28 - 40
MCV	xm^3					80 - 99			
MCH	pg					26.6 - 33	26.6 - 33	26.6 - 33	26.6 - 33
MCHC	g/dL					31.5 - 35.7	31.5 - 35.7	31.5 - 35.7	31.5 - 35.7
RDW	%					11.7 - 15.4	11.7 - 15.4	11.7 - 15.4	11.7 - 15.4

atlanta birth center

Name: ECCLESIA MORAIN

Lab Summary

Platelet Count	x10^9/L		212	216		165 - 415	174 - 391	155 - 409	146 - 429
Neutrophils	%								
Monocytes	%								
Lymphs	%								
Eos	%								
Basos	%								
Neutrophils (Absolute)	x10E3/uL					1.4 - 7	1.4 - 7	1.4 - 7	1.4 - 7
Lymphs (Absolute)	x10E3/uL					0.7 - 3.1	0.7 - 3.1	0.7 - 3.1	0.7 - 3.1
Monocytes(Absolute)	x10E3/uL					0.1 - 0.9	0.1 - 0.9	0.1 - 0.9	0.1 - 0.9
Eos (Absolute)	x10E3/uL					0 - 0.4	0 - 0.4	0 - 0.4	0 - 0.4
Baso (Absolute)	x10E3/uL					0 - 0.2	0 - 0.2	0 - 0.2	0 - 0.2
Immature Granulocytes	%								
Immature Grans (Abs)	x10E3/uL					0 - 0.1	0 - 0.1	0 - 0.1	0 - 0.1
Cytology									
Group B Strep									
Glucose									
random	mg/dL					200	200	200	200
50 g 1 hr	mg/dL					135	135	135	135
HbA1c									
Pre-eclampsia Panel									
PC Ratio	mg/mmol					200	200	200	200
Albumin	g/dL					4.1 - 5.3	3.1 - 5.1	2.6 - 4.5	2.3 - 4.2
Alkaline Phosphatase	units/L					33 - 96	17 - 88	25 - 126	38 - 229
ALT	units/L					7 - 41	3 - 30	2 - 33	2 - 25
AST	units/L					12 - 28	3 - 23	3 - 33	4 - 32
Bilirubin, Total	mg/dL					0.3 - 1.3	0.1 - 0.4	0.1 - 0.8	0.1 - 1.1
BUN, Blood Urea Nitrogen	mg/dL					7 - 20	7 - 12	3 - 13	3 - 11
Creatinine	mg/dL					0.5 - 0.9	0.4 - 0.7	0.4 - 0.8	0.4 - 0.9
Uric Acid	mg/dL					2.5 - 5.6	2 - 4.2	2.4 - 4.9	3.1 - 6.3

atlanta birth center

Name: ECCLESIA MORAIN

Lab Summary

eGFR	mL/min/1.73							
BUN/Creatinine Ratio						9 - 11	9 - 11	9 - 11	9 - 11
Sodium	mmol/L					134 - 144	134 - 144	134 - 144	134 - 144
Potassium						3.5 - 5.2	3.5 - 5.2	3.5 - 5.2	3.5 - 5.2
Chloride	mmol/L					96 - 106	96 - 106	96 - 106	96 - 106
Carbon Dioxide, Total	mmol/L					20 - 29	20 - 29	20 - 29	20 - 29
Calcium	mg/dL					8.7 - 10.2	8.7 - 10.2	8.7 - 10.2	8.7 - 10.2
Protein, Total	g/dL					6 - 8.5	6 - 8.5	6 - 8.5	6 - 8.5
Globulin, Total	g/dL					1.5 - 4.5	1.5 - 4.5	1.5 - 4.5	1.5 - 4.5
Iron Panel									
Ferritin	ng/mL					10 - 150	6 - 130	2 - 230	0 - 116
Vitamin B12	pg/mL					232 - 1235			
Folate	ng/mL					3 - 500			
Thyroid Panel									
TSH	milli-int. units/mL					0.34 - 4.25	0.6 - 3.4	0.37 - 3.6	0.38 - 4.04
Free T3	pg/mL						2.3 - 4.2		
Free T4	ng/dL					0.8 - 1.7	0.8 - 1.2	0.6 - 1	0.5 - 0.8
TPO Antibodies	IU/mL					0 - 34			
Thyroglobulin Ab	IU/mL					0 - 0.9			
Vaginitis Panel									
Atopobium vaginae		Low-0							
BVAB 2		Low-0							
Megasphaera 1		Low-0							
Candida Albicans		Negative							
Candida Glabrata		Negative							
Trich vag, NAA		Negative							
Chlamydia trachomatis, NAA		Negative							
Gonorrhea, NAA		Negative							
Pap									

atlanta birth center

Name: ECCLESIA MORAIN

Lab Summary

Pap Diagnosis		Normal				
Hemoglobin Fractionated						
Serum Ferritin	ng/mL					15 - 150
Hgb	ng/mL					11.1 - 15.9
Hct	%					34 - 46.6
Platelets	x10E3/uL					150 - 450
Prot+CreatU (Random)						
Creatinine, Urine	mg/dL					
Protein,Total,Urine	mg/dL					

atlanta birth center

Name: ECCLESIA MORAIN

Lab Summary

Lab Flow		23 w 6 d	25 w 6 d	30 w 0 d	36 w 5 d	Normal Values			
Name		03/25/2025	04/08/2025	05/07/2025	06/23/2025	Non Preg	1st Tri	2nd Tri	3rd Tri
OB Panel									
Blood Type									
Rh Factor									
Antibody Screen									
Rubella Antibodies, IgG	index								
RPR/ Treponema									
Hep B Surface Ag									
Hep C Virus Ab		Non Reactive							
HIV-1/HIV-2 Screen									
Hemoglobin Solubility									
Urine Culture					Mixed urogenital flora				
Vitamin D, 25-Hydroxy	ng/mL	34.3	33.5			30 - 100	30 - 100	30 - 100	30 - 100
Genetic Screening									
NIPT									
Carrier Screening									
CBC									
WBC	x10^3/mm^3	7	5.9	8.7		3.5 - 9.1	5.7 - 13.6	5.6 - 14.8	5.9 - 16.9
RBC	x10E6/uL	3.8	3.7 (L)	3.96		3.77 - 5.28	3.77 - 5.28	3.77 - 5.28	3.77 - 5.28
Hemoglobin	g/dL	10.6 (L)	10.7 (L)	11.3		12 - 15.8	11.6 - 13.9	9.7 - 14.8	9.5 - 15
Hematocrit	%	33.7 (L)	32.9 (L)	35.2		35.4 - 44.4	31 - 41	30 - 39	28 - 40
MCV	xm^3	89	89	89		80 - 99			
MCH	pg	27.9	28.9	28.5		26.6 - 33	26.6 - 33	26.6 - 33	26.6 - 33
MCHC	g/dL	31.5	32.5	32.1		31.5 - 35.7	31.5 - 35.7	31.5 - 35.7	31.5 - 35.7
RDW	%	12.1	12.4	13		11.7 - 15.4	11.7 - 15.4	11.7 - 15.4	11.7 - 15.4
Platelet Count	x10^9/L	199	179	172		165 - 415	174 - 391	155 - 409	146 - 429
Neutrophils	%	72		70					
Monocytes	%	7		7					

atlanta birth center

Name: ECCLESIA MORAIN

Lab Summary

Lymphs	%	18		17					
Eos	%	2		4					
Basos	%	1		1					
Neutrophils (Absolute)	x10E3/uL	5.1		6.1		1.4 - 7	1.4 - 7	1.4 - 7	1.4 - 7
Lymphs (Absolute)	x10E3/uL	1.3		1.5		0.7 - 3.1	0.7 - 3.1	0.7 - 3.1	0.7 - 3.1
Monocytes(Absolute)	x10E3/uL	0.5		0.6		0.1 - 0.9	0.1 - 0.9	0.1 - 0.9	0.1 - 0.9
Eos (Absolute)	x10E3/uL	0.1		0.3		0 - 0.4	0 - 0.4	0 - 0.4	0 - 0.4
Baso (Absolute)	x10E3/uL	0		0.1		0 - 0.2	0 - 0.2	0 - 0.2	0 - 0.2
Immature Granulocytes	%	0		1					
Immature Grans (Abs)	x10E3/uL	0		0.1		0 - 0.1	0 - 0.1	0 - 0.1	0 - 0.1
Cytology									
Group B Strep					Negative				
Glucose									
random	mg/dL	84				200	200	200	200
50 g 1 hr	mg/dL		83			135	135	135	135
HbA1c		5.2							
Pre-eclampsia Panel									
PC Ratio	mg/mmol	275 (H)	267 (H)			200	200	200	200
Albumin	g/dL	3.6 (L)				4.1 - 5.3	3.1 - 5.1	2.6 - 4.5	2.3 - 4.2
Alkaline Phosphatase	units/L	58				33 - 96	17 - 88	25 - 126	38 - 229
ALT	units/L	14				7 - 41	3 - 30	2 - 33	2 - 25
AST	units/L	13				12 - 28	3 - 23	3 - 33	4 - 32
Bilirubin, Total	mg/dL	<0.2				0.3 - 1.3	0.1 - 0.4	0.1 - 0.8	0.1 - 1.1
BUN, Blood Urea Nitrogen	mg/dL	6				7 - 20	7 - 12	3 - 13	3 - 11
Creatinine	mg/dL	0.54 (L)				0.5 - 0.9	0.4 - 0.7	0.4 - 0.8	0.4 - 0.9
Uric Acid	mg/dL	3.1				2.5 - 5.6	2 - 4.2	2.4 - 4.9	3.1 - 6.3
eGFR	mL/min/1.73	128							
BUN/Creatinine Ratio		11				9 - 11	9 - 11	9 - 11	9 - 11

atlanta birth center

Name: ECCLESIA MORAIN

Lab Summary

Sodium	mmol/L	137				134 - 144	134 - 144	134 - 144	134 - 144
Potassium		3.9				3.5 - 5.2	3.5 - 5.2	3.5 - 5.2	3.5 - 5.2
Chloride	mmol/L	104				96 - 106	96 - 106	96 - 106	96 - 106
Carbon Dioxide, Total	mmol/L	21				20 - 29	20 - 29	20 - 29	20 - 29
Calcium	mg/dL	9				8.7 - 10.2	8.7 - 10.2	8.7 - 10.2	8.7 - 10.2
Protein, Total	g/dL	6.5				6 - 8.5	6 - 8.5	6 - 8.5	6 - 8.5
Globulin, Total	g/dL	2.9				1.5 - 4.5	1.5 - 4.5	1.5 - 4.5	1.5 - 4.5
Iron Panel									
Ferritin	ng/mL	14 (L)				10 - 150	6 - 130	2 - 230	0 - 116
Vitamin B12	pg/mL	536				232 - 1235			
Folate	ng/mL	18.1				3 - 500			
Thyroid Panel									
TSH	milli-int. units/mL	1.79				0.34 - 4.25	0.6 - 3.4	0.37 - 3.6	0.38 - 4.04
Free T3	pg/mL	2.5					2.3 - 4.2		
Free T4	ng/dL	0.72 (L)				0.8 - 1.7	0.8 - 1.2	0.6 - 1	0.5 - 0.8
TPO Antibodies	IU/mL	14				0 - 34			
Thyroglobulin Ab	IU/mL	<1.0				0 - 0.9			
Vaginitis Panel									
Atopobium vaginae									
BVAB 2									
Megasphaera 1									
Candida Albicans									
Candida Glabrata									
Trich vag, NAA									
Chlamydia trachomatis, NAA									
Gonorrhea, NAA									
Pap									
Pap Diagnosis									
Hemoglobin Fractionated									

atlanta birth center

Name: ECCLESIA MORAIN

Lab Summary

Serum Ferritin	ng/mL	14 (L)				15 - 150
Hgb	ng/mL	10.6 (L)	10.7 (L)	11.3		11.1 - 15.9
Hct	%	33.7 (L)	32.9 (L)	35.2		34 - 46.6
Platelets	x10E3/uL	199	179	172		150 - 450
Prot+CreatU (Random)						
Creatinine, Urine	mg/dL					
Protein,Total,Urine	mg/dL					

atlanta birth center

Name: ECCLESIA MORAIN

Lab Summary

Lab Flow		38 w 0 d	1 w 2 d	1 w 2 d	Normal Values			
Name		07/02/2025	07/22/2025	07/22/2025	Non Preg	1st Tri	2nd Tri	3rd Tri
OB Panel								
Blood Type								
Rh Factor								
Antibody Screen								
Rubella Antibodies, IgG	index							
RPR/ Treponema								
Hep B Surface Ag								
Hep C Virus Ab								
HIV-1/HIV-2 Screen								
Hemoglobin Solubility								
Urine Culture			Escherichia coli (A)					
Vitamin D, 25-Hydroxy	ng/mL	33.1			30 - 100	30 - 100	30 - 100	30 - 100
Genetic Screening								
NIPT								
Carrier Screening								
CBC								
WBC	x10^3/mm^3	7.3			3.5 - 9.1	5.7 - 13.6	5.6 - 14.8	5.9 - 16.9
RBC	x10E6/uL	3.92			3.77 - 5.28	3.77 - 5.28	3.77 - 5.28	3.77 - 5.28
Hemoglobin	g/dL	11.1			12 - 15.8	11.6 - 13.9	9.7 - 14.8	9.5 - 15
Hematocrit	%	35.1			35.4 - 44.4	31 - 41	30 - 39	28 - 40
MCV	xm^3	90			80 - 99			
MCH	pg	28.3			26.6 - 33	26.6 - 33	26.6 - 33	26.6 - 33
MCHC	g/dL	31.6			31.5 - 35.7	31.5 - 35.7	31.5 - 35.7	31.5 - 35.7
RDW	%	12.9			11.7 - 15.4	11.7 - 15.4	11.7 - 15.4	11.7 - 15.4
Platelet Count	x10^9/L	158			165 - 415	174 - 391	155 - 409	146 - 429
Neutrophils	%	70						
Monocytes	%	9						

atlanta birth center

Name: ECCLESIA MORAIN

Lab Summary

Lymphs	%	17						
Eos	%	2						
Basos	%	1						
Neutrophils (Absolute)	x10E3/uL	5.2			1.4 - 7	1.4 - 7	1.4 - 7	1.4 - 7
Lymphs (Absolute)	x10E3/uL	1.2			0.7 - 3.1	0.7 - 3.1	0.7 - 3.1	0.7 - 3.1
Monocytes(Absolute)	x10E3/uL	0.6			0.1 - 0.9	0.1 - 0.9	0.1 - 0.9	0.1 - 0.9
Eos (Absolute)	x10E3/uL	0.1			0 - 0.4	0 - 0.4	0 - 0.4	0 - 0.4
Baso (Absolute)	x10E3/uL	0			0 - 0.2	0 - 0.2	0 - 0.2	0 - 0.2
Immature Granulocytes	%	1						
Immature Grans (Abs)	x10E3/uL	0			0 - 0.1	0 - 0.1	0 - 0.1	0 - 0.1
Cytology								
Group B Strep								
Glucose								
random	mg/dL				200	200	200	200
50 g 1 hr	mg/dL				135	135	135	135
HbA1c								
Pre-eclampsia Panel								
PC Ratio	mg/mmol			561 (H)	200	200	200	200
Albumin	g/dL				4.1 - 5.3	3.1 - 5.1	2.6 - 4.5	2.3 - 4.2
Alkaline Phosphatase	units/L				33 - 96	17 - 88	25 - 126	38 - 229
ALT	units/L				7 - 41	3 - 30	2 - 33	2 - 25
AST	units/L				12 - 28	3 - 23	3 - 33	4 - 32
Bilirubin, Total	mg/dL				0.3 - 1.3	0.1 - 0.4	0.1 - 0.8	0.1 - 1.1
BUN, Blood Urea Nitrogen	mg/dL				7 - 20	7 - 12	3 - 13	3 - 11
Creatinine	mg/dL				0.5 - 0.9	0.4 - 0.7	0.4 - 0.8	0.4 - 0.9
Uric Acid	mg/dL				2.5 - 5.6	2 - 4.2	2.4 - 4.9	3.1 - 6.3
eGFR	mL/min/1.73							
BUN/Creatinine Ratio					9 - 11	9 - 11	9 - 11	9 - 11

atlanta birth center

Name: ECCLESIA MORAIN

Lab Summary

Sodium	mmol/L				134 - 144	134 - 144	134 - 144	134 - 144
Potassium					3.5 - 5.2	3.5 - 5.2	3.5 - 5.2	3.5 - 5.2
Chloride	mmol/L				96 - 106	96 - 106	96 - 106	96 - 106
Carbon Dioxide, Total	mmol/L				20 - 29	20 - 29	20 - 29	20 - 29
Calcium	mg/dL				8.7 - 10.2	8.7 - 10.2	8.7 - 10.2	8.7 - 10.2
Protein, Total	g/dL				6 - 8.5	6 - 8.5	6 - 8.5	6 - 8.5
Globulin, Total	g/dL				1.5 - 4.5	1.5 - 4.5	1.5 - 4.5	1.5 - 4.5
Iron Panel								
Ferritin	ng/mL	25			10 - 150	6 - 130	2 - 230	0 - 116
Vitamin B12	pg/mL	474			232 - 1235			
Folate	ng/mL	13.6			3 - 500			
Thyroid Panel								
TSH	milli-int. units/mL	2.1			0.34 - 4.25	0.6 - 3.4	0.37 - 3.6	0.38 - 4.04
Free T3	pg/mL	2.4				2.3 - 4.2		
Free T4	ng/dL	0.58 (L)			0.8 - 1.7	0.8 - 1.2	0.6 - 1	0.5 - 0.8
TPO Antibodies	IU/mL	11			0 - 34			
Thyroglobulin Ab	IU/mL	<1.0			0 - 0.9			
Vaginitis Panel								
Atopobium vaginae								
BVAB 2								
Megasphaera 1								
Candida Albicans								
Candida Glabrata								
Trich vag, NAA								
Chlamydia trachomatis, NAA								
Gonorrhea, NAA								
Pap								
Pap Diagnosis								
Hemoglobin Fractionated								

atlanta birth center

Name: ECCLESIA MORAIN

Lab Summary

Serum Ferritin	ng/mL	25			15 - 150
Hgb	ng/mL	11.1			11.1 - 15.9
Hct	%	35.1			34 - 46.6
Platelets	x10E3/uL	158			150 - 450
Prot+CreatU (Random)					
Creatinine, Urine	mg/dL	COMMENT		47.8	
Protein,Total,Urine	mg/dL	TNP		26.8	

Other Labs

Date	Lab Name	Result
02/04/2025	FOB - Horizon	

Baby Labs

Date	Lab Name	Result
07/13/2025		
07/13/2025		
07/13/2025		
07/13/2025		
07/21/2025	PKU Results	Normal
07/13/2025		
07/13/2025		
07/13/2025		
07/13/2025		
07/13/2025		
07/13/2025		
07/13/2025		

Important: Please note only data that has clinical mapping will be shared/transmitted.

PATIENT DETAILS

Ecclesia Morain	Patient IDs: 13483 , 13483 , 111404794326

DOB: **May 8, 1995** Gender: **Female**Ethnicity: **Not Hispanic or Latino**
Race: **Black or African American**Language: **English**

Address: **1500 PINE LOG RD NE APT B CONYERS, GA 30012-4753, US**
tel:470-629-3412

Care Giver: **TEMITOPE FAPOHUNDA**
Contact Info: 119 North Park Trail STE 119 STOCKBRIDGE, GA 30281-7373, US
Tel: 678-881-0020

Legal authenticator	TEMITOPE FAPOHUNDA signed at November 26, 2024
Contact info	119 North Park Trail STE 119 STOCKBRIDGE, GA 30281-7373, US Tel: 678-881-0020

ALLERGIES

No Known Allergies

RESULTS

Component	Value	Reference Range	Notes
Pap Test Thin Prep Reviewed date:12/03/2024 07:00:23 AM Interpretation: Negative Performing Lab: Notes/Report:			
Pap Test Thin Prep	Negative for Intraepithelial Lesion or Malignancy		ACCESSION #: 24-PS-655415 Source: Vaginal/Cervical/Endocervical LMP: 10/09/2024 Date Taken: 11/26/2024 Specimen Type: ThinPrep Vial Date Reported: 11/30/2024 Clinical Data: Pregnant

			Cytotech: Angelina Carney, CT(ASCP) Date Reported: 11/30/2024 Specimen Adequacy: Satisfactory for evaluation Endocervical/transformation zone component present General Categorization: NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY The following tests have been ordered as requested and a separate report will be issued: Leukorrhea Panel, Bacterial Vaginosis+ with Lacto Profiling, Candida Sp. This specimen has been analyzed by the ThinPrep Imaging System, an interactive computer system which assists the lab in the screening of ThinPrep Pap Test slides. Following imaging, the slide was reviewed by a Cytotechnologist and/or Pathologist. End of Report Technical services provided by Associated Pathologists, LLC, d/b/a PathGroup, 1010 Airpark Center Dr., Nashville, TN 37217 Justin S. Poling, MD, Laboratory Director. Case reviewed and diagnosis rendered at Associated Pathologists, LLC, d/b/a PathGroup, 1010 Airpark Center Dr., Nashville, TN 37217 Justin S. Poling, MD, Laboratory Director. CONFIDENTIAL
Bacterial Vaginosis+ with Lacto Profiling Reviewed date:12/04/2024 03:08:44 PM Interpretation:lacto Performing Lab:			

Notes/Report:			
Top Line Result	Normal		
Interpretation	SEE COMMENT		The organisms detected in this specimen are indicative of normal microflora.The presence of elevated Lactobacillus iners in the vaginal flora might be insufficient to cause pathological disease. These results, meant to aid in the diagnosis and management of BV, do not completely rule out BV and should be interpreted in the context of other test results and clinical findings.
Atopobium vaginae	Not Detected		
Gardnerella vaginalis	Not Detected		
BVAB2	Not Detected		
Megasphaera 1	Not Detected		
Megaspherea 2	Not Detected		
Lactobacillus crispatus	Not Detected		
Lactobacillus gasseri	Not Detected		
Lactobacillus iners QL	Elevated		
Lactobacillus jensenii QL	Not Detected		
Mobiluncus mulieris	Not Detected		
Mobiluncus curtisii	Not Detected		
Mycoplasma hominis	Not Detected		
Ureaplasma urealyticum	Not Detected		
Candida Sp. Reviewed date:12/03/2024 07:00:23 AM Interpretation: Negative Performing Lab: Notes/Report:			

	Candida Sp.	Not Detected		Genomic DNA is isolated from patient specimens by standard laboratory techniques and analyzed using custom OpenArray plates, performed on the QuantStudio 12K Flex Real Time PCR system. A positive result is provided for pathogenic bacterial species based on detection of amplification products. Normal vaginal flora results of Normal or Elevated are determined by calculating the ratio of the organism to the total bacteria present in the specimen, and comparing that ratio to a PathGroup patient population. Overall results of Normal, Borderline and Abnormal are determined using a probability model which was developed by an extensive analysis and integration of clinical thresholds for marker organisms on a large set of symptomatic & asymptomatic specimens. Patient populations with different demographics from the PathGroup model population may have different indicator organisms with different relative ratios, which would influence the final results. Results should be interpreted in the context of all clinical and laboratory findings. The test was developed and its performance characteristics determined by Associated Pathologists, LLC d/b/a PathGroup. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Pertinent reference intervals are available from the laboratory on request. Test(s) performed by	

			Associated Pathologists, LLC d/b/a PathGroup, 1010 Airpark Center Dr., Suite M, Nashville, TN 37217, Pranil K. Chandra, DO, Laboratory Director, CLIA# 44D2062928
Culture, Urine Reviewed date:12/03/2024 07:00:23 AM Interpretation: Negative Performing Lab: Notes/Report: Test performed by PathGroup Labs, LLC 1010 Airpark Center Dr., Suite C, Nashville, TN 37217 Benton R. Middleman, MD, Laboratory Director CLIA: 44D1008678			
Specimen Source	Urine - CC		
Culture, Urine	See Below		Final Report : No growth
Beta-hCG, Serum, (Quantitative) Reviewed date:11/27/2024 06:26:02 AM Interpretation:46547 Performing Lab: Notes/Report: Test performed by PathGroup Labs, LLC 1010 Airpark Center Dr., Suite C, Nashville, TN 37217 Benton R. Middleman, MD, Laboratory Director CLIA: 44D1008678			
Beta-hCG, Serum, (Quantitative)	46547.0		hCG Reference Ranges: Male: <0.2-2.6 mIU/mL Nonpregnant Female: <0.2-5 mIU/mL Post-menopausal Female: <0.2-8.3 mIU/mL Normal Pregnancy hCG Ranges: Week 3: 5.8-71.2 mIU/mL Week 4: 9.5-750 mIU/mL Week 5: 217-7138 mIU/mL Week 6: 158-31795 mIU/mL Week 7: 3697-163563 mIU/mL Week 8: 32065-149571 mIU/mL Week 9: 63803-151410 mIU/mL Week 10: 46509-186977 mIU/mL Week 12: 27832-210612 mIU/mL Week 14: 13950-62530 mIU/mL Week 15: 12039-70971 mIU/mL Week 16: 9040-56451 mIU/mL Week 17: 8175-55868 mIU/mL Week 18: 8099-58176 mIU/mL
Leukorrhea Panel			

Reviewed date:12/03/2024 07:00:23 AM Interpretation: Negative Performing Lab: Notes/Report:			
Trichomonas vaginalis, Aptima (panther)	NOT DETECTED		DNA testing performed by Transcription Mediated Amplification (TMA). Results should be interpreted in conjunction with patient history and clinical presentation. This assay is highly accurate, but rare false positive and negative results may occur. Positive results in low prevalence populations may require re-evaluation. A negative result does not preclude a possible infection due to a specimen inadequacy or sampling error. Test performed by Associated Pathologists, LLC d/b/a PathGroup, 1010 Airpark Center Dr., Suite M, Nashville, TN 37217, Pranil K. Chandra, DO, Laboratory Director, CLIA# 44D2062928
Neisseria gonorrhoeae, Aptima	NOT DETECTED		DNA testing performed by Transcription Mediated Amplification (TMA). Results should be interpreted in conjunction with patient history and clinical presentation. This assay is highly accurate, but rare false positive and negative results may occur. Positive results in low prevalence populations may require re-evaluation. A negative result does not preclude a possible infection due to a specimen inadequacy or sampling error. Test performed by Associated Pathologists, LLC d/b/a PathGroup, 1010 Airpark Center Dr., Suite M, Nashville, TN 37217, Pranil K. Chandra, DO, Laboratory Director, CLIA# 44D2062928

Chlamydia trachomatis, Aptima	NOT DETECTED		DNA testing performed by Transcription Mediated Amplification (TMA). Results should be interpreted in conjunction with patient history and clinical presentation. This assay is highly accurate, but rare false positive and negative results may occur. Positive results in low prevalence populations may require re-evaluation. A negative result does not preclude a possible infection due to a specimen inadequacy or sampling error. Test performed by Associated Pathologists, LLC d/b/a PathGroup, 1010 Airpark Center Dr., Suite M, Nashville, TN 37217, Pranil K. Chandra, DO, Laboratory Director, CLIA# 44D2062928
Progesterone Reviewed date:11/27/2024 06:26:02 AM Interpretation:37.4 Performing Lab: Notes/Report: Test performed by PathGroup Labs, LLC 1010 Airpark Center Dr., Suite C, Nashville, TN 37217 Benton R. Middleman, MD, Laboratory Director CLIA: 44D1008678			
Progesterone	37.40		Progesterone Reference Range Healthy women Follicular phase 0.057 - 0.893 Ovulation phase 0.121 - 12.0 Luteal phase 1.83 - 23.9 Postmenopause <0.05 - 0.126 Healthy pregnant women 1st trimester 11.0 - 44.3 2nd trimester 25.4 - 83.3 3rd trimester 58.7 - 214
Footnote Reviewed date:12/03/2024 07:00:23 AM Interpretation: Negative Performing Lab: Notes/Report:			

REASON FOR REFERRAL

No Information

REASON FOR VISIT

Not available by practice discretion. Please contact the practice.

MEDICATIONS

Medication	SIG (Take, Route, Frequency, Duration)	Notes	Start Date	End Date	Status
Sprintec 28 0.25-35 MG-MCG	1 tablet Orally Once a day				Not-Taking

IMMUNIZATIONS

No Information

SOCIAL HISTORY

Tobacco Use:

Social History Observation	Description	Date
Details (start date - stop date)	Never Smoker	NA - NA

PROBLEMS

Not available by practice discretion. Please contact the practice.

VITAL SIGNS

Temperature	98.0 degrees Fahrenheit	11/26/2024
Blood pressure systolic	109 mm Hg	11/26/2024
Blood pressure diastolic	70 mm Hg	11/26/2024
Heart Rate	60 /min	11/26/2024
Height	65 in	11/26/2024
Weight	158 lbs	11/26/2024
BMI	26.29 kg/m2	11/26/2024

PROCEDURES

No Information

ENCOUNTERS

Encounter	Location	Date	Provider	Diagnosis
Every Woman's	119 North Park Trail STE 119	11/26/2024	TEMITOPE FAPOHUNDA	Encounter for pregnancy test, result positive Z32.01 ;

Obgyn LLC	STOCKBRIDGE, GA 30281-7373			Encounter for screening examination for sexually transmitted disease Z11.3 ; Subacute and chronic vaginitis N76.1 ; Encounter for screening for malignant neoplasm of cervix Z12.4 ; Fibroids, submucosal D25.0 ; Amenorrhea, secondary N91.1 and Cystitis N30.90

MEDICAL EQUIPMENT

No Information

ASSESSMENTS

Encounter Date	Diagnosis (ICD Code)	Treatment Notes	Section Notes
11/26/2024	Encounter for pregnancy test, result positive (ICD-10 - Z32.01)		
11/26/2024	Encounter for screening examination for sexually transmitted disease (ICD-10 - Z11.3)		
11/26/2024	Subacute and chronic vaginitis (ICD-10 - N76.1)		
11/26/2024	Encounter for screening for malignant neoplasm of cervix (ICD-10 - Z12.4)		
11/26/2024	Fibroids, submucosal (ICD-10 - D25.0)	check usg with dating usg, expectant management	
11/26/2024	Amenorrhea, secondary (ICD-10 - N91.1)		
11/26/2024	Cystitis (ICD-10 - N30.90)		

PLAN OF TREATMENT

Treatment Notes

Assessment	Notes
Fibroids, submucosal	check usg with dating usg, expectant management

Next Appt

Details
Follow Up: 2 Weeks, Reason: dating usg
Provider Name:TEMITOPE K FAPOHUNDA, 01/08/2025 10:30:00 AM, 119 North Park Trail, STE 119, STOCKBRIDGE, GA, 30281-7373, 678-881-0020

GOALS SECTION

No Information

HEALTH CONCERNS

No Information

INSURANCE PROVIDERS

Payer Name	Payer Address	Payer Phone	Subscriber Number	Group Number	Insured Name	Patient Relationship to Insured	Coverage Start Date	Coverage End Date
Medicaid of Georgia	PO BOX 105202 TUCKER, GA 30085-5200	800-766-4456	111404794326		Morain, Ecclesia	Self - patient is the insured	12/06/2024	

PROGRESS NOTES

Examination

Category	Sub-Category	Detail	Notes	Category Notes
General Examination	GENERAL APPEARANCE:	in no acute distress, well developed, well nourished		
	HEAD:	normocephalic, atraumatic		
	EYES:	pupils equal, round, reactive to light and accommodation		
	EARS:	normal		
	HEART:	no murmurs, regular rate and rhythm, S1, S2 normal		
	LUNGS:	clear to auscultation bilaterally		
	ABDOMEN:	normal, bowel sounds present, soft, nontender, nondistended		
	NEUROLOGIC:	nonfocal, motor strength normal upper and lower extremities, sensory exam intact		
	SKIN:	no suspicious lesions, warm and dry		
	EXTREMITIES:	no clubbing, cyanosis, or edema		
	FEMALE GENITOURINARY:	normal , bimanual exam, no masses , adnexa normal , cervix without lesions, nontender		

HISTORY AND PHYSICAL NOTES

HPI (History of Present Illness)

Category	Sub-Category	Detail	Notes	Category Notes

Constitutional	complains of nausea Pt with positive pregnancy test at home, has been having some early pregnancy signs

CARE TEAM

Guardian

Ecclesia Morain

Contact Info

Tel: 470-629-3412

Important: Please note only data that has clinical mapping will be shared/transmitted.

PATIENT DETAILS

Ecclesia Morain — Patient IDs: 13483 , 13483 , 111404794326

DOB: **May 8, 1995** Gender: **Female** Ethnicity: **Not Hispanic or Latino**
Race: **Black or African American** Language: **English**

Address: **1500 PINE LOG RD NE APT B CONYERS, GA 30012-4753, US**
tel:470-629-3412

Care Giver: **TEMITOPE FAPOHUNDA**
Contact Info: 119 North Park Trail STE 119 STOCKBRIDGE, GA 30281-7373, US
Tel: 678-881-0020

Legal authenticator	TEMITOPE FAPOHUNDA signed at January 9, 2025
Contact info	119 North Park Trail STE 119 STOCKBRIDGE, GA 30281-7373, US Tel: 678-881-0020

ALLERGIES

No Known Allergies

RESULTS

Component	Value	Reference Range	Notes
Prenatal Panel with HIV and Sickledex (Not yet reviewed by provider) Interpretation:O pos, Hgb 10.9 Performing Lab: Notes/Report: Test performed by PathGroup Labs, LLC 1010 Airpark Center Dr., Suite C, Nashville, TN 37217 Benton R. Middleman, MD, Laboratory Director CLIA: 44D1008678			
Sickle Cell Screen with reflex to Hgb Electrophoresis	Negative	Negative	
WBC	5.4	3.8-11.5 K/uL	
Red Blood Cell Count (RBC)	3.97	3.60-5.30 M/mm3	
Hemoglobin (Hgb)	10.9	11.5-15.5 gm/dL	

Hematocrit (HCT)	33.9	35.2-46.4 %	
MCV	85.4	79.0-99.0 fL	
MCH	27.5	26.9-35.0 pg	
MCHC	32.2	30.4-34.8 g/dL	
RDW	39.8	38.6-53.8 fL	
Platelet Count	216	137-397 K/cumm	
Neutrophils Automated	64.0	41.0-77.0 %	
Lymphocytes Automated	23.9	14.0-48.0 %	
Monocytes Automated	7.6	4.0-13.0 %	
Eosinophils Automated	3.7	0.0-8.0 %	
Basophils Automated	0.6	0.0-1.5 %	
Immature Granulocyte Automated	0.2	0.0-1.0 %	
ABO Type, Blood Bank	O		
Rh Typing, Blood Bank	POSITIVE		RH testing results (RH Positive/RH Negative) are dependent upon reagent formulations, technical performance of assay, and testing platform or methodology. With the elimination of routine testing for the weak expression of the D antigen, some patients who have previously been classified as RH Positive many now be reported as RH Negative, or rarely, vice versa. If you have any questions regarding this test, please call our Client Services department.
Antibody Screen, Reflex to Identification	NEGATIVE	NEGATIVE	
HIV 1/2 Ab Screen w/p24Ag	Nonreactive	Nonreactive	
Rubella Antibody, IgG	112.0	>9.9 IU/mL	INTERPRETATION OF RESULTS < 10.0 Non-immune/Non-reactive

			>= 10.0 Immune/Reactive Presence of antibodies to Rubella is presumptive evidence of immunity except when acute infection is suspected.
Hepatitis B Surface Antigen (HBsAg)	Nonreactive	Nonreactive	
Syphilis Screening Profile, Treponemal Antibody	Nonreactive	Nonreactive	No serological evidence of infection with Treponemal pallidum, early primary syphilis cannot be excluded. Retest in 2-4 weeks if syphilis is clinically suspected.

REASON FOR REFERRAL

No Information

REASON FOR VISIT

Not available by practice discretion. Please contact the practice.

MEDICATIONS

Medication	SIG (Take, Route, Frequency, Duration)	Notes	Start Date	End Date	Status
Sprintec 28 0.25-35 MG-MCG	1 tablet Orally Once a day				Not-Taking

IMMUNIZATIONS

No Information

SOCIAL HISTORY

No Information

PROBLEMS

Not available by practice discretion. Please contact the practice.

VITAL SIGNS

Weight	162 lbs	01/08/2025
BMI	26.958 kg/m2	01/08/2025

PROCEDURES

No Information

ENCOUNTERS

Encounter	Location	Date	Provider	Diagnosis
Every Woman's Obgyn LLC	119 North Park Trail STE 119 STOCKBRIDGE, GA 30281-7373	01/08/2025	TEMITOPE FAPOHUNDA	Prenatal care, first pregnancy in first trimester Z34.01 ; Prenatal care in first trimester Z34.91 ; Frequency of micturition R35.0 and Dysuria R30.0

MEDICAL EQUIPMENT

No Information

ASSESSMENTS

Encounter Date	Diagnosis (ICD Code)	Treatment Notes	Section Notes
01/08/2025	Prenatal care, first pregnancy in first trimester (ICD-10 - Z34.01)		
01/08/2025	Prenatal care in first trimester (ICD-10 - Z34.91)		
01/08/2025	Frequency of micturition (ICD-10 - R35.0)		
01/08/2025	Dysuria (ICD-10 - R30.0)		

PLAN OF TREATMENT

Pending Test

Test Name	Order Date
Prenatal Panel with HIV and Sickledex	01/08/2025

Next Appt

Details
Follow Up: 4 Weeks. 4 Weeks, Reason: Ob visit
Provider Name:Kendra McLester, 02/05/2025 10:45:00 AM, 119 North Park Trail, STE 119, STOCKBRIDGE, GA, 30281-7373, 678-881-0020

GOALS SECTION

No Information

HEALTH CONCERNS

No Information

INSURANCE PROVIDERS

Payer Name	Payer Address	Payer Phone	Subscriber Number	Group Number	Insured Name	Patient Relationship to Insured	Coverage Start Date	Coverage End Date
Medicaid of Georgia	PO BOX 105202 TUCKER, GA 30085-5200	800-766-4456	111404794326		Morain, Ecclesia	Self - patient is the insured	12/06/2024	

HISTORY AND PHYSICAL NOTES

Physical Examination

Category	Sub-Category	Detail	Notes	Section Notes
				Refer to Ob Notes

CARE TEAM

Guardian

Ecclesia Morain

Contact Info

Tel: 470-629-3412

Patient Information	
Patient Name:	Ecclesia Morain
Date of Birth:	05/08/1995
Maternal Age at EDD:	30
Gestational Age:	13 weeks/ 0 days
Maternal Weight:	162 lbs
Collection Kit:	40048745-2-N
Case File ID:	15231358

Test Information	
Ordering Physician:	Temitope Fapohunda, MD
Clinic Information:	Every Woman's OB GYN
Additional Reports:	706-641-0277
Report Date:	01/14/2025
Samples Collected:	01/08/2025
Samples Received:	01/09/2025
	Mother Blood

natera™ | Panorama™ Next-generation NIPT

ABOUT THIS SCREEN: Panorama ™ is a screening test, not diagnostic. It evaluates genetic information in the maternal blood, which is a mixture of maternal and placental DNA, to determine the chance for specific genetic variants or conditions. The test does NOT tell with certainty if a fetus is affected, and only tests for the conditions ordered by the healthcare provider. A low risk result does not guarantee an unaffected fetus.

FINAL RESULTS SUMMARY:

ANEUPLOIDIES AND MICRODELETIONS

Result
LOW RISK

Fetal Sex
Male

Fetal Fraction(s)
8.7%

FETAL RHD

Result
Fetal status not assessed

The pregnant patient is RHD positive by genotype and therefore, the fetal status is not assessed. Reasons for this result type include Rh positive blood type or Rh negative blood type with Weak D, Partial D (e.g. DVI), or other rare RHD genotype.
Clinical management should be based upon the pregnant patient's Rh blood type result by routine serology. A repeat specimen is not indicated.

RESULT DETAILS: ANEUPLOIDIES

Condition Tested [1]	*Result*	*Risk Before Test* [2]	*Risk After Test* [3]
Trisomy 21	Low Risk	1/668	<1/10,000
Trisomy 18	Low Risk	1/1,766	<1/10,000
Trisomy 13	Low Risk	1/5,501	<1/10,000
Monosomy X	Low Risk	1/568	<1/10,000
Triploidy	Low Risk		

RESULT DETAILS: MICRODELETIONS

Condition Tested [1]	*Result*	*Risk Before Test* [2]	*Risk After Test* [4]
22q11.2 deletion syndrome	Low Risk	1/2,000	1/12,000

1. Excludes cases with evidence of fetal and/or placental mosaicism. 2. Based on maternal age, gestational age, and/or general population, as applicable. References available upon request. 3. Risk after test for aneuploidy incorporates results from the Panorama algorithm and data from a published population study of over 1 million women [DiNonno et al.J.Clin.Med.2019.Aug 26; 8(9):1311.doi:10.3390/jcm8091311] and are reported as PPVs (high risk) and NPVs (low risk). Maternal age and fetal fraction are utilized in this calculation; however, the "risk after test" may not reflect the actual PPVs for this patient, as additional risk factors, including but not limited to: results of other screening, ultrasound findings, and personal/family history, are not included in the risk assessment. 4. Risk after test for microdeletion(s) incorporates results from the Panorama algorithm and data from multiple studies [Dar P et al. Cell-free DNA screening for prenatal detection of 22q11.2 deletion syndrome, American Journal of Obstetrics and Gynecology (2022), https://doi.org/10.1016/j.ajog.2022.01.002; Martin et al. Clin Genetics. 2017 Jul 11, Wapner R J et al. Am J Obstst Gynecol. 2015 Mar;212 (3):332 .e1-9] and are reported as PPVs (high risk) and NPVs (low risk). Risks for microdeletions are independent of maternal age and fetal fraction is utilized in this calculation; however, the "risk after test" may not reflect the actual PPV for this patient, as additional risk factors, including but not limited to: results of other screening, ultrasound findings, personal/family history, are not included in the risk assessment.

Patient Information	
Patient Name:	Ecclesia Morain
Date of Birth:	05/08/1995
Maternal Age at EDD:	30
Gestational Age:	13 weeks/ 0 days
Maternal Weight:	162 lbs
Collection Kit:	40048745-2-N
Case File ID:	15231358

Test Information	
Ordering Physician:	Temitope Fapohunda, MD
Clinic Information:	Every Woman's OB GYN
Additional Reports:	706-641-0277
Report Date:	01/14/2025
Samples Collected:	01/08/2025
Samples Received:	01/09/2025
	Mother Blood

natera™ | Panorama™ Next-generation NIPT

ABOUT THIS SCREEN: Panorama ™ is a screening test, not diagnostic. It evaluates genetic information in the maternal blood, which is a mixture of maternal and placental DNA, to determine the chance for specific genetic variants or conditions. The test does NOT tell with certainty if a fetus is affected, and only tests for the conditions ordered by the healthcare provider. A low risk result does not guarantee an unaffected fetus.

Testing Methodology: DNA isolated from maternal blood, which contains placental DNA, is amplified at specific loci using a targeted PCR assay and is sequenced using a high-throughput sequencer. Fetal fraction is determined using a proprietary algorithm incorporating data from single nucleotide polymorphism-based (SNP-based) next-generation sequencing [Pergament E et al. Obstet Gynecol. 2014 Aug;124(2 Pt 1):210-8]. If there is sufficient fetal fraction, sequencing data is analyzed using a proprietary SNP-based algorithm to determine the fetal copy number for chromosomes 13, 18, 21, X and Y. If ordered, specific microdeletions will be evaluated using similar methodology [Wapner RJ et al. Am J Obstet Gynecol. 2015 Mar;212(3):332.e1-9]. If the fetal fraction is insufficient, an additional algorithm to determine whether there is an increased risk for triploidy, trisomy 18, and trisomy 13 may be utilized, known as fetal fraction based risk assessment (FFBR) [McKanna et al. Ultrasound Obstet Gynecol 2019; 53:73-79]. If ordered, and pregnant patient is RhD negative by genotype, fetal RhD status will be evaluated using similar methodology if fetal fraction is sufficient [Wang et al. Detection of fetal RhD status on SNP-based prenatal cell-free DNA screening. In: American Society of Human Genetics; Nov 1-5, 2023; Washington, D.C.] However, some samples will not produce a result due to failure to meet the necessary quality thresholds.

This test has been validated on women with a singleton, twin or egg donor pregnancy of at least nine weeks gestation. A result will not be available for higher order multiples and multiple gestation pregnancies with an egg donor or surrogate, or bone marrow transplant recipients. Complete test panel is not available for twin gestations and pregnancies achieved with an egg donor or surrogate. For twin pregnancies with a fetal fraction value below the threshold for analysis, a sum of the fetal fractions for both twins will be reported. As this assay is a screening test and not diagnostic, false positives and false negatives can occur.

High risk aneuploidy and microdeletion test results need diagnostic confirmation by alternative testing methods. Low risk results do not fully exclude the diagnosis of any of the syndromes nor do they exclude the possibility of other chromosomal abnormalities or birth defects, which are not a part of this test. Potential sources of inaccurate results include, but are not limited to, mosaicism, low fetal fraction, limitations of current diagnostic techniques, or phlebotomy labeling errors. This test will not identify all deletions associated with each microdeletion syndrome. This test has been validated for deletions ≥0.5 Mb within the 22q11.2 A-D region. This test has been validated on full region deletions only for 1p36 deletion syndrome, Cri-du-chat syndrome, Prader Willi syndrome and Angelman syndrome and may be unable to detect smaller deletions. Microdeletion risk score may be dependent upon fetal fraction, as deletions on the maternally inherited copy are difficult to identify at lower fetal fractions. Test results should always be interpreted by a clinician in the context of clinical and familial data with the availability of genetic counseling when appropriate.

Fetal RhD non-invasive prenatal test does not replace the pregnant patient's serology result. False positive results may occur due to the presence of rare genotypes that include but are not limited to Weak D, Partial D, or RhD Pseudogene. False negative results, while rare, can also occur. Additional potential sources of inaccurate results include, but are not limited to, phlebotomy labeling errors, low fetal fraction, sample contamination, low DNA quantity, or low number of sequencing reads. Fetal RhD status will not be assessed for dizygotic twin pregnancies or in the context of certain maternal genetic variants. Test results should always be interpreted by a clinician in the context of clinical and familial data.

Disclaimers: The extraction, library preparation, and sequencing of this test were performed by NSTX, Inc., 13011 McCallen Pass Building A Suite 100, Austin, TX 78753 (CLIA ID 45D2093704). The data analysis and reporting of this test were performed by Natera, Inc., 201 Industrial Rd. Suite 410, San Carlos, CA 94070 (CLIA ID 05D1082992). The performance characteristics of this test were developed by NSTX, Inc.(CLIA ID 45D2093704). This test has not been cleared or approved by the U.S. Food and Drug Administration (FDA). These laboratories are regulated under CLIA as qualified to perform high-complexity testing.

Reviewed By: Wenbo Xu, M.D., Ph.D., FACMG, Senior Laboratory Director

CLIA Laboratory Director: J. Dianne Keen-Kim, Ph.D., FACMG

IF THE ORDERING PROVIDER HAS QUESTIONS OR WISHES TO DISCUSS THE RESULTS, PLEASE CONTACT US AT 844-778-4700, option 2. Ask for the NIPT genetic counselor on call.

Patient Information

Patient Name:	Ecclesia Morain
Date of Birth:	05/08/1995
Maternal Age at EDD:	30
Gestational Age:	13 weeks/ 0 days
Maternal Weight:	162 lbs
Collection Kit:	40048745-2-N
Case File ID:	15231358

Test Information

Ordering Physician:	Temitope Fapohunda, MD
Clinic Information:	Every Woman's OB GYN
Additional Reports:	706-641-0277
Report Date:	01/14/2025
Samples Collected:	01/08/2025
Samples Received:	01/09/2025
	Mother Blood

natera™ | Panorama™ Next-generation NIPT

ABOUT THIS SCREEN: Panorama ™ is a screening test, not diagnostic. It evaluates genetic information in the maternal blood, which is a mixture of maternal and placental DNA, to determine the chance for specific genetic variants or conditions. The test does NOT tell with certainty if a fetus is affected, and only tests for the conditions ordered by the healthcare provider. A low risk result does not guarantee an unaffected fetus.

OVERALL TEST SPECIFICATIONS FOR PANORAMA

The information in the table below relates to the general performance of the test.

Sensitivity is the ability to correctly identify a truly high risk case as high risk. For example, in a group of Trisomy 21 cases, Panorama will correctly identify more than 99% of those cases.

Specificity is the ability to correctly identify an unaffected case as low risk.

Positive Predictive Value (PPV) is the likelihood the result says high-risk and the fetus is actually affected. For example, when Panorama shows a high-risk result for Trisomy 21, there is a 95% chance that the fetus is affected by Trisomy 21. In other words, 5% of the time, you may get a high-risk result when the fetus is not affected by Trisomy 21.

Negative Predictive Value (NPV) is the likelihood the result says low-risk and the fetus is truly not affected.

Condition	*Sensitivity (95% CI)*	*Specificity (95% CI)*	*PPV*	*NPV*
Trisomy 21 [1,2]	99.0% (CI 97.1-100)	>99% (CI 99.93-99.99)	95%	>99.99% *
Trisomy 18 [1,2]	94.1% (CI 82.9-100)	>99% (CI 99.96-100)	91%	>99.99% *
Trisomy 13 [1,2]	>99% (CI 73.5-100)	>99% (CI 99.6-100)	68%	>99.99% *
Monosomy X [2,3]	94.7% (CI 74.0-99.9)	>99% (CI 99.7-100)	78%	>99.99% *
Triploidy [4,5]	>99% (CI 66.4-100)	>99% (CI 99.5-100)	7.5%	>99.99% *
XXX, XXY, XYY [6] **	73.1% (CI 61.0-85.1)	99.9% (CI 99.90-99.99)	83%	99.87%
22q11.2 deletion syndrome [7]	83.3% (CI 51.6-97.9)	>99% (CI 99.91-99.98)	53%	99.9% (CI 99.9-100) ***
Female	>99.9% (CI 99.4-100)	>99.9% (CI 99.5-100)		
Male	>99.9% (CI 99.5-100)	>99.9% (CI 99.4-100)		
Fetal RhD+ [8]	>99.9% (CI 98.9 - 100)	99.3% (CI 97.6 - 99.8)	99.4%	>99.99%

1 Dar P et al. Am J Obstet Gynecol. 2022. doi: https://doi.org/10.1016/j.ajog.2022.01.019
2 DiNonno W et al. J Clin Med. 2019. 26;8(9):1311. doi: https://doi.org/10.3390/jcm8091311
3 Martin et al. ISUOG World Congress 2022: September, 2022
4 Nicolaides KH et al. Fetal Diagn Ther. 2014. 35;(3):212-7. doi: https://doi.org/10.1159/000355655
5 Kantor et al. Prenat Diagn. 2022. 42;(8): 994-999. Doi: 10.1002/pd.6169
6 Martin K et al. Genet in Med. 2023. doi: https://doi.org/10.1016/j.gim.2023.100879
7 Dar P et al. Am J Obstet Gynecol. 2022. doi: https://doi.org/10.1016/j.ajog.2022.01.002
8 Natera internal validation data, 2024

* Ongoing clinical follow-up is performed to ensure the NPV does not fall below the quoted value but follow up is not obtained for all low risk calls.

** Sex chromosome trisomies are only reported when clearly identified. At lower fetal fractions, identification of sex chromosome trisomies may not be possible.

*** Dependent upon fetal fraction. For 22q11.2 deletion syndrome, only the paternal allele is evaluated at FF ≤6.5%. For 1p36 deletion syndrome and Cri-du-chat syndrome, only the paternal allele is evaluated at FF <7%. For Angelman syndrome, no risk assessment is reported at FF<7%. For Prader-Willi syndrome, no risk assessment is reported at FF≤2.8%.

Test specifications above are applicable to singleton and monozygotic twin pregnancies only. For additional information, please visit: ***www.natera.com/panorama-test/test-specs***

natera™ | Panorama™ Next-generation NIPT

Understanding Your Results

Low risk

What do my results mean?

Your results show that there is a low risk to your baby for the chromosome conditions listed on the report. These results cannot tell with certainty that your baby does not have these conditions. The specific chance that your baby has each condition can be found on page 1 of your test report under "Risk after test." Most people with low risk results do not choose to have further testing for these chromosome conditions.[1]

What should I do next?

You should talk to your healthcare provider about these results and continue with the prenatal care recommended for you. Although the chance that your baby has these chromosome conditions is low, you have the option of doing further testing during pregnancy to find out for sure if your baby has these conditions. These tests are called CVS (chorionic villus sampling) and amniocentesis, and both have a small risk of miscarriage. Please talk to your healthcare provider if you have questions about further testing.

NEVA* is always available to help you learn about your results. You can connect with Natera's Educational Virtual Assistant (NEVA) by logging into the patient portal at my.natera.com.

*NEVA is available only in the United States.

If you would like to discuss your results with a Natera genetic counselor, you can schedule a free information session at naterasession.com, by texting SESSION to 636363*, or by calling +1.877.476.4743. Please select **Panorama Non-Invasive Prenatal Chromosome Screening Post-Test** as the appointment type.

You can find a local genetic counselor through the National Society of Genetic Counselors at findageneticcounselor.nsgc.org.

*Text scheduling is available only in the United States.

1. van Schendel RV, et al; Dutch NIPT Consortium. Women's Experience with Non-Invasive Prenatal Testing and Emotional Well-being and Satisfaction after Test-Results. J Genet Couns. 2017 Dec;26(6):1348-1356. doi: 10.1007/s10897-017-0118-3. Epub 2017 Jun 30. PMID: 28667567; PMCID: PMC5672853.

13011 McCallen Pass, Building A Suite 100 | Austin, TX 78753 | natera.com

natera™

natera™ | Panorama™ Next-generation NIPT

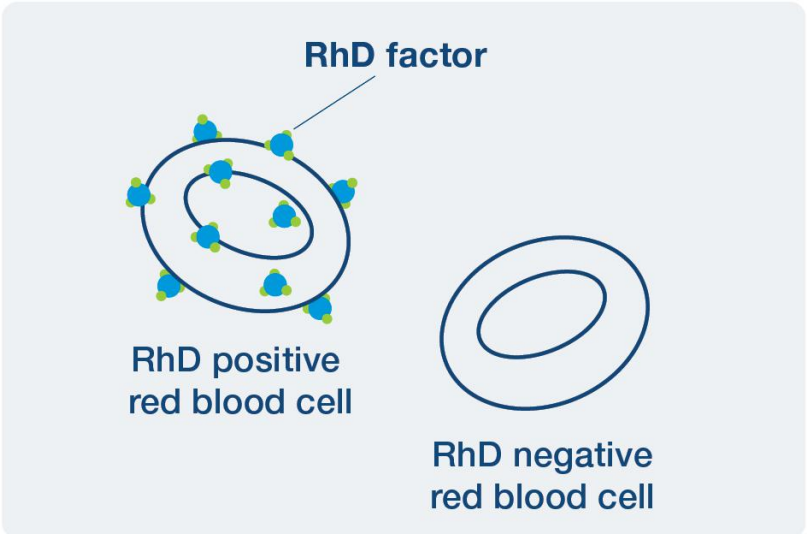
Understanding Your Results

Baby's predicted RhD factor not determined

What does this result mean?

This result means that your baby's RhD factor was not determined. There are two main reasons that a baby's RhD factor is not determined by this test. First, your own RhD factor could mean that it is not necessary to determine your baby's RhD factor. Second, sometimes the lab is not able to perform the test due to technical limitations.

What is RhD testing and why is it important in pregnancy?



RhD factor is a protein that can be present or absent on the surface of a person's red blood cells. RhD positive means that someone's red blood cells have the RhD protein on them. People who are RhD negative have red blood cells without this protein. The RhD factor can cause problems in a pregnancy if an RhD negative pregnant person's blood is mixed with RhD positive blood from the baby. When this happens, the RhD negative person's body will recognize the RhD factor on the RhD positive blood cells from the baby as foreign and will make antibodies to fight the RhD factor. When a pregnant person has RhD factor antibodies, they are said to be sensitized. If a sensitized pregnant person is carrying an RhD positive baby, the antibodies can cross the placenta and attack the baby's red blood cells. The antibodies can cause a loss of red blood cells, which can lead to serious health problems for the baby. When a pregnant person and their baby have different RhD factors, it is called RhD incompatibility.

Can I repeat this test to get an answer?

It depends on the reason that you did not get a result. Your lab report could say one of two things.

1. **Fetal status not assessed.** If your lab report says this, you should not repeat this test. You can get this result for one of two reasons.

    - "Fetal status not assessed" could mean that you are RhD positive. RhD incompatibility is not a risk to your baby if you are RhD positive.

    - Rarely, a result of "fetal status not assessed" could mean that you are RhD negative due to having what is called the *RHD* pseudogene. When a pregnant person has the *RHD* pseudogene, the lab does not determine the baby's RhD factor.

If your lab report says, "fetal status not assessed," please talk to your healthcare provider about looking at the results of other blood tests you had during pregnancy to determine what to do next.

2. **No results for fetal *RHD*.** If your lab report says this, the lab was not able to get a result. There are a few different reasons the lab would not be able to get a result. The reason you did not get a result is listed on your report. Sometimes this problem will not be solved by sending another blood sample. Many times the lab will be able to get a result on another sample. If another sample can be sent, your lab report will say so.

What should I do next?

Talk to your healthcare provider about next steps. Looking at the results of other blood tests you have had during pregnancy can sometimes help to explain this result. Sometimes your healthcare provider will recommend different blood tests, or it can sometimes be helpful to repeat this test. If you are RhD negative and it is important to know the baby's RhD factor, you could have the option of a test called CVS (chorionic villus sampling) or amniocentesis. These tests can tell you your baby's RhD factor. Both tests have a small risk of miscarriage.

Please talk to your healthcare provider about your result. If you would also like to discuss your result with a Natera genetic counselor, you can schedule a free information session at natera session.com, by texting* **SESSION** to **636363**, or by calling **1.877.467.4743**. Please select **Panorama non-invasive prenatal chromosome screening, post-test** as the appointment type.

You can find a local genetic counselor through the National Society of Genetic Counselors at findageneticcounselor.nsgc.org.

*Text scheduling is available only in the United States

13011 McCallen Pass, Building A Suite 100 | Austin, TX 78753 | natera.com

Patient Information	
Patient Name:	Ecclesia Morain
Date of Birth:	05/08/1995
Gender:	Female
Ethnicity:	African American/Black
Collection Kit:	40148745-2-C
Case File ID:	15231357

Test Information	
Ordering Physician:	Temitope Fapohunda, MD
Clinic Information:	Every Woman's OB GYN
Phone:	678-881-0020
Report Date:	01/22/2025
Sample Collected:	01/08/2025
Sample Received:	01/09/2025
Sample Type:	Blood

horizon™ natera carrier screen

CARRIER SCREENING REPORT

ABOUT THIS SCREEN: Horizon™ is a carrier screen for specific autosomal recessive and X-linked diseases. This information can help patients learn their risk of having a child with specific genetic conditions.

ORDER SELECTED: The Horizon 4 panel was ordered for this patient.

FINAL RESULTS SUMMARY:

INCREASED CARRIER RISK for Spinal Muscular Atrophy

Two copies of the SMN1 gene detected. Positive for the g.27134T>G variant. Based on this individual's reported ethnicity, the individual has a 1 in 34 risk to be a silent (2+0) carrier for SMA. If this individual's partner is a carrier for Spinal Muscular Atrophy, they may be at increased risk to have a child with this condition. Carrier screening for this individual's partner is suggested.

Negative for 3 out of 4 diseases

No other pathogenic variants were detected in the genes that were screened. The patient's remaining carrier risk after negative screening results is listed for each disease/gene on the Horizon website at http://www.natera.com/hrzn04/b. Please see the following pages of this report for a comprehensive list of all conditions included on this individual's screen.

Carrier screening is not diagnostic and may not detect all possible pathogenic variants in a given gene.

RECOMMENDATIONS

Individuals who would like to review their Horizon report with a Natera Laboratory Genetic Counselor may schedule a telephone genetic information session by calling 650-249-9090 or visiting naterasession.com. Clinicians with questions may contact Natera at 650-249-9090, 855-866-6478 (toll free) or email support@natera.com. Individuals with positive results may wish to discuss these results with family members to allow them the option to be screened. Comprehensive genetic counseling to discuss the implications of these test results and possible associated reproductive risk is recommended.

Reviewed by: J. Dianne Keen-Kim, Ph.D., FACMG, Senior Laboratory Director
CLIA Laboratory Director: J. Dianne Keen-Kim, Ph.D., FACMG

natera™ Conceive. Deliver.

SPINAL MUSCULAR ATROPHY

Understanding Your Horizon™ Carrier Screen Results: Spinal Muscular Atrophy (2+0)

What is Spinal Muscular Atrophy?

Spinal Muscular Atrophy (SMA) is a serious inherited disorder that typically begins in infancy or childhood and causes worsening muscle weakness, decreased ability to breathe, and loss of motor skills. Most children with SMA have one of the early-onset forms with symptoms that begin in infancy. Without treatment, death often occurs before the age of two. Some children have juvenile-onset SMA and develop muscle weakness and other symptoms later in childhood and typically have a normal lifespan. In rare cases symptoms do not begin until early adulthood, are less severe, and do not affect lifespan. Some affected individuals may benefit from new medications that can lessen or stop the progression of symptoms, especially when treatment is started early. Clinical trials involving potential new treatments for this condition may be available (see www.clinicaltrials.gov).

What causes Spinal Muscular Atrophy?

SMA is caused by a change, or mutation, in both copies the *SMN1* gene pair. These mutations, which often delete part or all of the gene, cause the genes to work improperly or not work at all. When both copies of the *SMN1* gene are missing or do not work correctly, it leads to the symptoms described above.

SMA is inherited in an autosomal recessive manner. This means that, in most cases, both parents must be carriers of a mutation in one copy of the *SMN1* gene to have a child with SMA. People who are carriers are usually healthy and do not have symptoms nor do they have SMA themselves. Usually a child inherits two copies of each gene, one from their mother and one from their father. If the mother and father are found to be SMA carriers, there is a 1 in 4, or 25%, chance in each pregnancy for both partners to pass on their *SMN1* gene mutations to the child, who would then have SMA. With further testing (not offered through Natera), It is sometimes, but not always, possible to determine whether a given carrier couple is at risk to have a child with a severe, early-onset form of SMA, the juvenile form, or the later-onset form.

What is Enhanced SMA testing?

Enhanced SMA testing gives more information to people who have two copies of the *SMN1* gene found on their carrier screen. Most people who have two copies of *SMN1* are not carriers for SMA. However, a small number of people with two copies of *SMN1* are carriers because both *SMN1* genes are on the same chromosome and there are no copies of *SMN1* on their other chromosome. This is known as being a “silent 2+0” carrier for SMA. Enhanced SMA testing can be done to check for a certain genetic marker called a single nucleotide polymorphism (SNP) that is found more often when a person is a silent 2+0 carrier for SMA.

Two copies of *SMN1* were identified with your Horizon test and Enhanced SMA testing shows that you have the genetic marker, or SNP, that is found more often when there are two copies of *SMN1* on the same chromosome. This means you have a higher chance to be a silent 2+0 carrier for SMA.

- If you are of Ashkenazi Jewish or Asian background - It is almost certain you are a silent 2+0 carrier for SMA.
- If you are of any other ethnic background - You have an increased chance to be a silent 2+0 carrier for SMA.

A couple can be at risk to have a child with SMA if:

- Both partners have only one copy of *SMN1*
- One partner is a carrier (one copy of *SMN1*) and the other is a silent 2+0 carrier
- Both partners are silent 2+0 carriers

What can I do next?

You may wish to speak with a local genetic counselor about your positive SMA results. A genetic counselor in your region can be located on the National Society of Genetic Counselors website (www.nsgc.org).

Your siblings and other relatives are at increased risk to also have this genetic marker. You are encouraged to inform your family members of your test results as they may wish to consider being tested for SMA carrier status themselves.

If you are pregnant, your partner can have carrier screening for SMA ordered by a health care professional. Partner screening may include *SMN1* testing and possibly Enhanced SMA testing. Enhanced SMA testing can provide information on the chance to still be a carrier even after a normal (negative) SMA carrier screen. Your doctor or a local genetic counselor can help decide which carrier test is best for your partner. If your partner is not found to be a carrier of SMA, your risk of having a child with SMA is greatly reduced. Couples at risk of having a baby with SMA can opt to have prenatal diagnosis done through chorionic villus sampling or amniocentesis during pregnancy or can choose to have the baby tested after birth for SMA.

If you are not yet pregnant, your partner can have carrier testing for SMA ordered by a health care professional. Partner testing may include *SMN1* testing and possibly Enhanced SMA testing. Enhanced SMA testing can provide information on the chance to still be a carrier even after a normal (negative) SMA carrier

screen. Your doctor or a genetic counselor can help decide which carrier test is best for your partner. If your partner is found to be a carrier for SMA, you have several reproductive options to consider:

- Natural pregnancy with or without prenatal diagnostic testing of the fetus or testing the baby after birth for SMA
- Preimplantation genetic diagnosis (PGD) with in vitro fertilization (IVF) to test embryos for SMA
- Adoption or use of a sperm or egg donor who is not a carrier for SMA

What resources are available?

- Cure SMA: http://curesma.org
- GeneReviews: https://www.ncbi.nlm.nih.gov/books/NBK1352
- Prenatal diagnosis done by CVS: http://www.marchofdimes.org/chorionic-villus-sampling.aspx
- Prenatal diagnosis done by amniocentesis: http://www.marchofdimes.org/amniocentesis.aspx
- PGD with IVF: http://natera.com/spectrum

DISEASES SCREENED

Below is a list of all diseases screened and the result. Certain conditions have unique patient-specific numerical values, therefore, results for those conditions are formatted differently.

Autosomal Recessive

C
Cystic Fibrosis (*CFTR*) **negative**

S
Spinal Muscular Atrophy (*SMN1*) **see first page**

X-Linked

D
Duchenne/Becker Muscular Dystrophy (X-linked) (*DMD*) **negative**

F
Fragile X Syndrome (X-linked) (*FMR1*)
Negative: 41 and 30 CGG repeats were detected in the FMR1 genes.

Testing Methodology, Limitations, and Comments:

Genomic DNA is isolated utilizing the Maxwell HT 96 gDNA Blood Isolation System (Promega).

Next Generation Sequencing (NGS)

Sequencing libraries prepared from genomic DNA isolated from patient samples are enriched for targets of interest using standard hybridization capture protocols. NGS is then performed to achieve the standards of quality control metrics, including a minimum depth of 30X. Sequencing data is aligned to human reference sequence, followed by deduplication, metric collection and variant calling. Variants are then classified according to ACMG/AMP standards of interpretation using publicly available databases including but not limited to ENSEMBL, HGMD Pro, ClinGen, ClinVar, 1000G, ESP and gnomAD. Any variants that do not meet internal quality standards are confirmed by orthogonal methods. This test may not provide detection of certain variants or portions of certain genes due to local sequence characteristics, high/low genomic complexity, or the presence of closely related pseudogenes. Analytically difficult features of the genome such as deletions and duplications >20bp may not be detected in this assay. Rarely, novel sequence variants may interfere with NGS read creation, sequence alignment, variant calling and confirmation strategies. Large deletions or duplications, structural variants such as inversions and gene conversions, and mosaic variants may not be detected with this technology.

Sanger Sequencing

Bi-directional Sanger sequencing is performed using target-specific amplicons, BigDye Terminator chemistry, and an ABI 3730 DNA analyzer (Thermo Fisher Scientific). In rare cases where unambiguous bi-directional sequencing is difficult or impossible, unidirectional sequence reads may be used for confirmation. Large deletion or mosaic variants may not be detected with this technology.

Copy Number Analysis

NGS is used to determine the copy number variants in *DMD*, *SMN1* and *HBA* genes, if ordered. For each targeted region, copy number variant (CNV) detection is performed using a bioinformatics pipeline that incorporates both community standard and custom algorithms to identify exon-level CNVs. CNVs are called using internal protocols predicated on evidence-based grading for pathogenicity as recommended by the American College of Medical Genetics and Genomics (ACMG). MLPA® (Multiplex Ligation-dependent Probe Amplification, MRC-Holland) is used to confirm the copy number of specific targets versus known controls. False positive or negative results may occur due to rare sequence variants such as small deletions and insertions, or mismatches within targeted regions detected by MLPA® probes; any mismatch in the probe's target site can affect the probe signal. MLPA® detects the presence of a CNV at the covered regions but will not detect copy number changes outside of the detection region of the individual assay and does not define the exact deletion/duplication boundaries. Single exon deletions or duplications may not be detected or reported using the NGS or MLPA® methodologies.

Spinal Muscular Atrophy (SMA)

Copy number analysis for *SMN1* gene is assessed by NGS and MLPA®. Enhanced SMA testing for the presence or absence of a novel SNP within intron 7 (g.27134T>G) and associated with the presence of a *SMN1* duplication allele is performed using NGS (Luo et al. 2014, PMID 23788250). Ethnicity-based carrier risk estimates for individuals who are found to carry two *SMN1* copies are listed below.

Ethnicity	Two SMN1 copies carrier risk before g.27134T>G testing	Carrier risk after g.27134T>G testing	
		g.27134T>G ABSENT	g.27134T>G PRESENT
Caucasian	1 in 632	1 in 769	1 in 29
Ashkenazi Jewish	1 in 350	1 in 580	LIKELY CARRIER
Asian	1 in 628	1 in 702	LIKELY CARRIER
African-American	1 in 121	1 in 396	1 in 34
Hispanic	1 in 1061	1 in 1762	1 in 140

Duchenne Muscular Dystrophy (DMD)

Targeted NGS and MLPA® are used to determine the copy number of the *DMD* exons. NGS and MLPA® have lower sensitivity for single exon *DMD* deletions or duplications in contrast with multi-exon deletion or duplication. The majority of pathogenic DMD-causing variants are multi-exon CNVs for which this test has a sensitivity of >99%. Natera can only provide limited guidance on the relationship between dystrophin genotypes and expected phenotype.

Fragile X

The CGG repeat region of the *FMR1* 5′-untranslated region is assessed using Asuragen, Inc. AmplideX® FMR1 PCR reagents and capillary electrophoresis. Allele sizes up to 200 repeats are analyzed using a proprietary algorithm. Variances of 1 CGG repeats for repeat ranges <70, +/- 3 CGG repeat ranges of 71 - 120, and +/- 5 CGG repeats for >121 may occur. This analysis does not detect deletions or point mutations, which comprise less than one percent of the *FMR1* pathogenic variants. Reflex testing for the number of AGG interruptions is performed for CGG repeat sizes between 55 and 90. AGG interruption testing is performed by Asuragen, Inc., 2150 Woodward St. Suite 100 Austin, TX 78744 (CLIA ID: 45D1069375), and will be reported separately.

Categories	CGG Repeat Sizes
Normal	<45
Intermediate	45 – 54
Premutation	55 - 200
Full	>200

Variant Classification

Variants are classified according to ACMG/AMP variant classification guidelines. Only pathogenic or likely pathogenic variants are reported. Benign, likely benign, and variants of uncertain significance are not reported, but may be reported in certain circumstances. Variant classification is based on our current understanding of genes and variants at the time of reporting. Natera may reclassify variants at certain intervals but may not release updated reports without a specific request made to Natera by the ordering provider. Natera may disclose incidental findings if deemed clinically pertinent to the test performed.

Negative Results

A negative carrier screening result reduces the risk for a patient to be a carrier of a specific disease but does not completely rule out carrier status. Please visit www.natera.com/hrzn04/b for a table of carrier rates, detection rates and residual risks. Carrier rates before and after testing vary by ethnicity and assume a negative family history for each disease screened and the absence of clinical symptoms in the patient. Any patient with a family history for a specific genetic disease will have a higher carrier risk prior to testing and if the disease-causing variant in their family is not included on the test, their carrier risk remains unchanged. Genetic counseling is recommended for patients with a family history of genetic disease so that risk figures based on actual family history can be determined and discussed along with potential implications for reproduction.

Additional Comments

Horizon carrier screening (3.2.1) has been developed to identify the reproductive risks for monogenic inherited conditions. Even when one or both members of a couple screen negative for pathogenic variants in a specific gene, the disease risk for their offspring is not zero. There is still a low risk for the condition in their offspring due to a number of different mechanisms that are not detected by Horizon, including but not limited to, pathogenic variant(s) in the tested gene or in a different gene not included on Horizon, pathogenic variant(s) in an upstream regulator, uniparental disomy, de novo mutation(s), or digenic or polygenic inheritance. Infrequent large genetic deletions or duplications are not detected unless they have been specifically targeted for carrier testing.

These tests were developed and their performance characteristics were determined by NSTX, 13011 McCallen Pass, Building A, Suite 110, Austin, TX 78753 (CLIA ID: 45D2093704). These tests have not been cleared or approved by the U.S. Food and Drug Administration (FDA). These analyses generally provide highly accurate information regarding the patient's carrier status; however, there are many potential sources of diagnostic error, including misidentification of samples, polymorphisms, or other rare genetic variants that interfere with analysis. Families should understand that rare diagnostic errors may occur for these reasons.

Patient Information

Patient Name:	Shawn Flores
Date of Birth:	05/21/1999
Gender:	Male
Ethnicity:	Hispanic/Latin American
Collection Kit:	36950217-2-C
Reference ID:	42264155-2-C
Case File ID:	15568575

Test Information

Ordering Physician:	Anjli Hinman, CNM, FNP, MPH
Clinic Information:	Atlanta Birth Center
Phone:	404-474-2770
Report Date:	02/15/2025
Sample Collected:	02/04/2025
Sample Received:	02/05/2025
Sample Type:	Blood

horizon™ natera carrier screen

CARRIER SCREENING REPORT

ABOUT THIS SCREEN: Horizon™ is a carrier screen for specific autosomal recessive and X-linked diseases. This information can help patients learn their risk of having a child with specific genetic conditions.

ORDER SELECTED: The Horizon **14** panel was ordered for this patient. Males are not screened for X-linked diseases.

FINAL RESULTS SUMMARY:

CARRIER for Spinal Muscular Atrophy

Positive for one copy of the SMN1 gene. Negative for the g.27134T>G variant; this finding does not change or modify this individual's carrier status. If this individual's partner is a carrier for Spinal Muscular Atrophy, their chance to have a child with this condition is 1 in 4 (25%). Carrier screening for this individual's partner is suggested.

Negative for 11 out of 12 diseases

No other pathogenic variants were detected in the genes that were screened. The patient's remaining carrier risk after negative screening results is listed for each disease/gene on the Horizon website at http://www.natera.com/hrzn14/b. Please see the following pages of this report for a comprehensive list of all conditions included on this individual's screen.

Carrier screening is not diagnostic and may not detect all possible pathogenic variants in a given gene.

RECOMMENDATIONS

Individuals who would like to review their Horizon report with a Natera Laboratory Genetic Counselor may schedule a telephone genetic information session by calling 650-249-9090 or visiting naterasession.com. Clinicians with questions may contact Natera at 650-249-9090, 855-866-6478 (toll free) or email support@natera.com. Individuals with positive results may wish to discuss these results with family members to allow them the option to be screened. Comprehensive genetic counseling to discuss the implications of these test results and possible associated reproductive risk is recommended.

PARTNER INFORMATION

A copy of this report can be shared with Ecclesia Morarn (name), 05/08/1995 (DOB).

Reviewed by: J. Dianne Keen-Kim, Ph.D., FACMG, Senior Laboratory Director
CLIA Laboratory Director: J. Dianne Keen-Kim, Ph.D., FACMG

natera™ Conceive. Deliver.

SPINAL MUSCULAR ATROPHY
Understanding Your Horizon™ Carrier Screen Results

What is Spinal Muscular Atrophy?
Spinal Muscular Atrophy (SMA) is a serious inherited disorder that typically begins in infancy or childhood and causes worsening muscle weakness, decreased ability to breathe, and loss of motor skills. Most children with SMA have one of the early-onset forms with symptoms that begin in infancy. Without treatment, death often occurs before the age of two. Some children have juvenile-onset SMA and develop muscle weakness and other symptoms later in childhood and typically have a normal lifespan. In rare cases symptoms do not begin until early adulthood, are less severe, and do not affect lifespan. Some affected individuals may benefit from new medications that can lessen or stop the progression of symptoms of SMA, especially when treatment is started early. Clinical trials involving potential new treatments for this condition may be available (see www.clinicaltrials.gov).

What causes Spinal Muscular Atrophy?
SMA is caused by a change, or mutation, in both copies the *SMN1* gene pair. These mutations, which often delete part or all of these genes, cause the genes to work improperly or not work at all. When both copies of the *SMN1* gene are missing or do not work correctly, it leads to the symptoms described above.

SMA is inherited in an autosomal recessive manner. This means that, in most cases, both parents must be carriers of a mutation in one copy of *SMN1* to have a child with SMA. People who are SMA carriers are usually healthy and do not have symptoms nor do they have SMA themselves. Usually a child inherits two copies of each gene, one copy from the mother and one copy from the father. If the mother and father are both carriers for SMA, there is a 1 in 4, or 25%, chance in each pregnancy for both partners to pass on their *SMN1* gene mutations to the child, who would then have SMA. With further testing (not offered through Natera), It is sometimes, but not always, possible to determine whether a given carrier couple is at risk to have a child with a severe, early-onset form of SMA, the juvenile form, or the later-onset form.

Individuals found to carry more than one mutation for SMA should discuss their risk for having an affected child, and any potential risks to their own health, with their health care provider.

What can I do next?
You may wish to speak with a local genetic counselor about your carrier test results. A genetic counselor in your area can be located on the National Society of Genetic Counselors website (www.nsgc.org).

Your siblings and other relatives are at increased risk to also have this mutation. You are encouraged to inform your family members of your test results as they may wish to consider being tested themselves.

If you are pregnant, your partner can have carrier screening for SMA ordered by a health care professional. Partner screening may include *SMN1* testing and possibly Enhanced SMA testing. Enhanced SMA testing can provide information on the chance to still be a carrier even after a normal (negative) SMA carrier screen. Your doctor or a local genetic counselor can help decide which carrier test is best for your partner. If your partner is not found to be a carrier of SMA, your risk of having a child with SMA is greatly reduced.

Couples at risk of having a baby with SMA can opt to have prenatal diagnosis done through chorionic villus sampling or amniocentesis during pregnancy or can choose to have the baby tested after birth for SMA.

If you are not yet pregnant, your partner can have carrier testing for SMA ordered by a health care professional. Partner testing may include *SMN1* testing and possibly Enhanced SMA testing. Enhanced SMA testing can provide information on the chance to still be a carrier even after a normal (negative) SMA carrier screen. Your doctor or a local genetic counselor can help decide which carrier test is best for your partner. If your partner is found to be a carrier for SMA, you have several reproductive options to consider:

- Natural pregnancy with or without prenatal diagnostic testing of the fetus or testing the baby after birth for SMA
- Preimplantation genetic diagnosis (PGD) with in vitro fertilization (IVF) to test embryos for SMA
- Adoption or use of a sperm or egg donor who is not a carrier for SMA

What resources are available?
- Cure SMA: http://curesma.org/FSMACommunity/understandingsma
- GeneReviews: https://www.ncbi.nlm.nih.gov/books/NBK1352
- Prenatal diagnosis done through CVS: http://www.marchofdimes.org/chorionic-villus-sampling.aspx
- Prenatal diagnosis done through amniocentesis: http://www.marchofdimes.org/amniocentesis.aspx
- PGD with IVF: http://www.natera.com/spectrum

DISEASES SCREENED

Below is a list of all diseases screened and the result. Certain conditions have unique patient-specific numerical values, therefore, results for those conditions are formatted differently.

Autosomal Recessive

A
Alpha-Thalassemia (*HBA1/HBA2*) **negative**

B
Beta-Hemoglobinopathies (*HBB*) **negative**

C
Canavan Disease (*ASPA*) **negative**
Cystic Fibrosis (*CFTR*) **negative**

F
Familial Dysautonomia (*IKBKAP*) **negative**

G
Galactosemia (*GALT*) **negative**
Gaucher Disease (*GBA*) **negative**

M
Medium Chain Acyl-CoA Dehydrogenase Deficiency (*ACADM*) **negative**

P
Polycystic Kidney Disease, Autosomal Recessive (*PKHD1*) **negative**

S
Smith-Lemli-Opitz Syndrome (*DHCR7*) **negative**
Spinal Muscular Atrophy (*SMN1*) **see first page**

T
Tay-Sachs Disease (DNA only) (*HEXA*) **negative**

Testing Methodology, Limitations, and Comments:

Genomic DNA is isolated utilizing the Maxwell HT 96 gDNA Blood Isolation System (Promega).

Next Generation Sequencing (NGS)

Sequencing libraries prepared from genomic DNA isolated from patient samples are enriched for targets of interest using standard hybridization capture protocols. NGS is then performed to achieve the standards of quality control metrics, including a minimum depth of 30X. Sequencing data is aligned to human reference sequence, followed by deduplication, metric collection and variant calling. Variants are then classified according to ACMG/AMP standards of interpretation using publicly available databases including but not limited to ENSEMBL, HGMD Pro, ClinGen, ClinVar, 1000G, ESP and gnomAD. Any variants that do not meet internal quality standards are confirmed by orthogonal methods. This test may not provide detection of certain variants or portions of certain genes due to local sequence characteristics, high/low genomic complexity, or the presence of closely related pseudogenes. Analytically difficult features of the genome such as deletions and duplications >20bp may not be detected in this assay. Rarely, novel sequence variants may interfere with NGS read creation, sequence alignment, variant calling and confirmation strategies. Large deletions or duplications, structural variants such as inversions and gene conversions, and mosaic variants may not be detected with this technology.

Sanger Sequencing

Bi-directional Sanger sequencing is performed using target-specific amplicons, BigDye Terminator chemistry, and an ABI 3730 DNA analyzer (Thermo Fisher Scientific). In rare cases where unambiguous bi-directional sequencing is difficult or impossible, unidirectional sequence reads may be used for confirmation. Large deletion or mosaic variants may not be detected with this technology.

Copy Number Analysis

NGS is used to determine the copy number variants in *DMD*, *SMN1* and *HBA* genes, if ordered. For each targeted region, copy number variant (CNV) detection is performed using a bioinformatics pipeline that incorporates both community standard and custom algorithms to identify exon-level CNVs. CNVs are called using internal protocols predicated on evidence-based grading for pathogenicity as recommended by the American College of Medical Genetics and Genomics (ACMG). MLPA® (Multiplex Ligation-dependent Probe Amplification, MRC-Holland) is used to confirm the copy number of specific targets versus known controls. False positive or negative results may occur due to rare sequence variants such as small deletions and insertions, or mismatches within targeted regions detected by MLPA® probes; any mismatch in the probe's target site can affect the probe signal. MLPA® detects the presence of a CNV at the covered regions but will not detect copy number changes outside of the detection region of the individual assay and does not define the exact deletion/duplication boundaries. Single exon deletions or duplications may not be detected or reported using the NGS or MLPA® methodologies.

Alpha Thalassemia (HBA)

Deletions involving the *HBA1* and *HBA2* genes are analyzed using NGS and MLPA®. Pathogenic and likely pathogenic SNVs and in/dels within *HBA1* and *HBA2* variants associated with hemoglobinopathy or thalassemia are detected first by NGS and confirmed by Sanger sequencing due to the repetitive nature of this region. SNVs are detected with concurrent large deletions. In rare cases, Alpha-globin triplications, and polymorphisms may interfere with CNV detection. Alpha-globin triplications and polymorphisms are not reported.

Spinal Muscular Atrophy (SMA)

Copy number analysis for *SMN1* gene is assessed by NGS and MLPA®. Enhanced SMA testing for the presence or absence of a novel SNP within intron 7 (g.27134T>G) and associated with the presence of a *SMN1* duplication allele is performed using NGS (Luo et al. 2014, PMID 23788250). Ethnicity-based carrier risk estimates for individuals who are found to carry two *SMN1* copies are listed below.

Ethnicity	**Two SMN1 copies carrier risk before g.27134T>G testing**	**Carrier risk after g.27134T>G testing**	
		g.27134T>G ABSENT	**g.27134T>G PRESENT**
Caucasian	1 in 632	1 in 769	1 in 29
Ashkenazi Jewish	1 in 350	1 in 580	LIKELY CARRIER
Asian	1 in 628	1 in 702	LIKELY CARRIER
African-American	1 in 121	1 in 396	1 in 34
Hispanic	1 in 1061	1 in 1762	1 in 140

Variant Classification

Variants are classified according to ACMG/AMP variant classification guidelines. Only pathogenic or likely pathogenic variants are reported. Benign, likely benign, and variants of uncertain significance are not reported, but may be reported in certain circumstances. Variant classification is based on our current understanding of genes and variants at the time of reporting. Natera may reclassify variants at certain intervals but may not release updated reports without a specific request made to Natera by the ordering provider. Natera may disclose incidental findings if deemed clinically pertinent to the test performed.

Negative Results

A negative carrier screening result reduces the risk for a patient to be a carrier of a specific disease but does not completely rule out carrier status. Please visit www.natera.com/hrzn14/b for a table of carrier rates, detection rates and residual risks. Carrier rates before and after testing vary by ethnicity and assume a negative family history for each disease screened and the absence of clinical symptoms in the patient. Any patient with a family history for a specific genetic disease will have a higher carrier risk prior to testing and if the disease-causing variant in their family is not included on the test, their carrier risk remains unchanged. Genetic counseling is recommended for patients with a family history of genetic disease so that risk figures based on actual family history can be determined and discussed along with potential implications for reproduction.

Additional Comments

Horizon carrier screening (3.2.1) has been developed to identify the reproductive risks for monogenic inherited conditions. Even when one or both members of a couple screen negative for pathogenic variants in a specific gene, the disease risk for their offspring is not zero. There is still a low risk for the condition in their offspring due to a number of different mechanisms that are not detected by Horizon, including but not limited to, pathogenic variant(s) in the tested gene or in a different gene not included on Horizon, pathogenic variant(s) in an upstream regulator, uniparental disomy, de novo mutation(s), or digenic or polygenic inheritance. Infrequent large genetic deletions or duplications are not detected unless they have been specifically targeted for carrier testing.

These tests were developed and their performance characteristics were determined by NSTX, 13011 McCallen Pass, Building A, Suite 110, Austin, TX 78753 (CLIA ID: 45D2093704). These tests have not been cleared or approved by the U.S. Food and Drug Administration (FDA). These analyses generally provide highly accurate information regarding the patient's carrier status; however, there are many potential sources of diagnostic error, including misidentification of samples, polymorphisms, or other rare genetic variants that interfere with analysis. Families should understand that rare diagnostic errors may occur for these reasons.

Date Collected: **03/25/2025** Date Received: **03/25/2025** Date Reported: **03/26/2025** Fasting: **No**

Ordered Items: **TSH+T4F+T3Free+ThyAbs+TPO; CBC With Differential/Platelet; Comp. Metabolic Panel (14); Prot+CreatU (Random); Vitamin B12 and Folate; Hemoglobin A1c; Vitamin D, 25-Hydroxy; HCV Antibody; Uric Acid; LDH; Ferritin; Venipuncture**

Date Collected: **03/25/2025**

TSH+T4F+T3Free+ThyAbs+TPO

	Test	Current Result and Flag		Previous Result and Date	Units	Reference Interval
	TSH [01]	1.790			uIU/mL	0.450-4.500
▼	**T4,Free(Direct)** [01]	**0.72**	**Low**		ng/dL	0.82-1.77
	Triiodothyronine (T3), Free [01]	2.5			pg/mL	2.0-4.4
	Thyroid Peroxidase (TPO) Ab [01]	14			IU/mL	0-34
	Thyroglobulin Antibody [01]	<1.0			IU/mL	0.0-0.9

Thyroglobulin Antibody measured by Beckman Coulter Methodology
It should be noted that the presence of thyroglobulin antibodies may not be pathogenic nor diagnostic, especially at very low levels. The assay manufacturer has found that four percent of individuals without evidence of thyroid disease or autoimmunity will have positive TgAb levels up to 4 IU/mL.

CBC With Differential/Platelet

	Test	Current Result and Flag		Previous Result and Date	Units	Reference Interval
	WBC [01]	7.0			x10E3/uL	3.4-10.8
	RBC [01]	3.80			x10E6/uL	3.77-5.28
▼	**Hemoglobin** [01]	**10.6**	**Low**		g/dL	11.1-15.9
▼	**Hematocrit** [01]	**33.7**	**Low**		%	34.0-46.6
	MCV [01]	89			fL	79-97
	MCH [01]	27.9			pg	26.6-33.0
	MCHC [01]	31.5			g/dL	31.5-35.7
	RDW [01]	12.1			%	11.7-15.4
	Platelets [01]	199			x10E3/uL	150-450
	Neutrophils [01]	72			%	Not Estab.
	Lymphs [01]	18			%	Not Estab.
	Monocytes [01]	7			%	Not Estab.
	Eos [01]	2			%	Not Estab.
	Basos [01]	1			%	Not Estab.
	Neutrophils (Absolute) [01]	5.1			x10E3/uL	1.4-7.0
	Lymphs (Absolute) [01]	1.3			x10E3/uL	0.7-3.1
	Monocytes(Absolute) [01]	0.5			x10E3/uL	0.1-0.9
	Eos (Absolute) [01]	0.1			x10E3/uL	0.0-0.4
	Baso (Absolute) [01]	0.0			x10E3/uL	0.0-0.2
	Immature Granulocytes [01]	0			%	Not Estab.
	Immature Grans (Abs) [01]	0.0			x10E3/uL	0.0-0.1

Date Collected: **03/25/2025**

Comp. Metabolic Panel (14)

	Test	Current Result and Flag		Previous Result and Date	Units	Reference Interval
	Glucose [01]	84			mg/dL	70-99
	BUN [01]	6			mg/dL	6-20
▼	**Creatinine** [01]	**0.54**	**Low**		mg/dL	0.57-1.00
	eGFR	128			mL/min/1.73	>59
	BUN/Creatinine Ratio	11				9-23
	Sodium [01]	137			mmol/L	134-144
	Potassium [01]	3.9			mmol/L	3.5-5.2
	Chloride [01]	104			mmol/L	96-106
	Carbon Dioxide, Total [01]	21			mmol/L	20-29
	Calcium [01]	9.0			mg/dL	8.7-10.2
	Protein, Total [01]	6.5			g/dL	6.0-8.5
▼	**Albumin** [01]	**3.6**	**Low**		g/dL	4.0-5.0
	Globulin, Total	2.9			g/dL	1.5-4.5
	Bilirubin, Total [01]	<0.2			mg/dL	0.0-1.2
	Alkaline Phosphatase [01]	58			IU/L	44-121
	AST (SGOT) [01]	13			IU/L	0-40
	ALT (SGPT) [01]	14			IU/L	0-32

Prot+CreatU (Random)

	Test	Current Result and Flag		Previous Result and Date	Units	Reference Interval
	Creatinine, Urine [01]	45.9			mg/dL	Not Estab.
	Protein,Total,Urine [01]	12.6			mg/dL	Not Estab.
▲	**Protein/Creat Ratio**	**275**	**High**		mg/g creat	0-200

Vitamin B12 and Folate

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Vitamin B12 [01]	536		pg/mL	232-1245
Folate (Folic Acid), Serum [01]	18.1		ng/mL	>3.0

Note: [01]

A serum folate concentration of less than 3.1 ng/mL is considered to represent clinical deficiency.

Hemoglobin A1c

Test	Current Result and Flag	Previous Result and Date		Units	Reference Interval
Hemoglobin A1c [01]	5.2	5.5	09/23/2024	%	4.8-5.6

Please Note: [01]

Prediabetes: 5.7 - 6.4
Diabetes: >6.4
Glycemic control for adults with diabetes: <7.0

Vitamin D, 25-Hydroxy

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Vitamin D, 25-Hydroxy [01]	34.3		ng/mL	30.0-100.0

Date Collected: **03/25/2025**

Vitamin D, 25-Hydroxy (Cont.)

Vitamin D deficiency has been defined by the Institute of Medicine and an Endocrine Society practice guideline as a level of serum 25-OH vitamin D less than 20 ng/mL (1,2). The Endocrine Society went on to further define vitamin D insufficiency as a level between 21 and 29 ng/mL (2).

1. IOM (Institute of Medicine). 2010. Dietary reference intakes for calcium and D. Washington DC: The National Academies Press.
2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. JCEM. 2011 Jul; 96(7):1911-30.

HCV Antibody

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Hep C Virus Ab [01]	Non Reactive			Non Reactive

HCV antibody alone does not differentiate between previously resolved infection and active infection. Equivocal and Reactive HCV antibody results should be followed up with an HCV RNA test to support the diagnosis of active HCV infection.

Uric Acid

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Uric Acid [01]	3.1		mg/dL	2.6-6.2

Therapeutic target for gout patients: <6.0

LDH

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
LDH [01]	127		IU/L	119-226

Ferritin

Test	Current Result and Flag		Previous Result and Date	Units	Reference Interval
▼ **Ferritin** [01]	**14**	**Low**		ng/mL	15-150

Disclaimer
The Previous Result is listed for the most recent test performed by Labcorp in the past 5 years where there is sufficient patient demographic data to match the result to the patient. Results from certain tests are excluded from the Previous Result display.

Icon Legend
▲ Out of Reference Range ■ Critical or Alert

Performing Labs
01: MB - Labcorp Birmingham, 1801 First Avenue South, Birmingham, AL 35233-1935 Dir: Steven Wang, MD
For inquiries, the physician may contact Branch: 770-939-4811 Lab: 205-581-3500

Patient Details
Morain, Ecclesia
1500 PINE LOG RD NE APT B, CONYERS, GA, 30012

Phone: **470-629-3412**
Date of Birth: **05/08/1995**
Age: **29**
Sex: **Female**
Patient ID:
Alternate Patient ID:

Physician Details
C DYMOND
Atlanta Birth Center
1 Baltimore Place NW Ste 105, Atlanta, GA, 30308

Phone: **404-474-2770**
Account Number: **10008820**
Physician ID:
NPI: **1871166017**

Specimen Details
Specimen ID: **084-059-2998-0**
Control ID: **L2502256552**
Alternate Control Number: **L2502256552**
Date Collected: **03/25/2025 0926 Local**
Date Received: **03/25/2025 0000 ET**
Date Entered: **03/25/2025 1105 ET**
Date Reported: **03/26/2025 2008 ET**

Results History

CBC w/platelet and auto diff (Order 1225408141)

4/6/2025 5:27 PM - Background User Lab

Component	Value	Flag	Ref Range	Units	Status
WBC	6.50		3.40 - 10.80	10*3/µL	Final
RBC	3.73	⌄	3.80 - 5.40	10*6/µL	Final
Hemoglobin	10.8	⌄	11.4 - 16.0	g/dL	Final
Hematocrit	31.6	⌄	34.0 - 47.0	%	Final
MCV	84.7		81.0 - 99.0	fL	Final
MCH	29.0		26.0 - 34.0	pg	Final
MCHC	34.2		32.0 - 36.0	g/dL	Final
RDW	13.0		11.5 - 15.5	%	Final
MPV	9.6	⌃	6.0 - 9.5	fL	Final
Platelets	170		150 - 440	10*3/µL	Final
Neutrophils Relative	71.4		41.0 - 79.0	%	Final
Lymphocytes Relative	15.1		15.0 - 48.0	%	Final
Monocytes Relative	10.7		0.0 - 11.0	%	Final
Eosinophils Relative	2.3		0.0 - 6.0	%	Final
Basophils Relative	0.50		0.00 - 2.00	%	Final
Neutrophils Absolute	4.7		2.2 - 4.8	10*3/µL	Final
Lymphocytes Absolute	1.0	⌄	1.3 - 2.9	10*3/µL	Final
Monocytes Absolute	0.7		0.3 - 0.8	10*3/µL	Final
Eosinophils Absolute	0.10		0.00 - 0.20	10*3/µL	Final
Basophils Absolute	0.00		0.00 - 0.10	10*3/uL	Final
nRBC	0		0 - 0		Final

Sodium

Comprehensive metabolic panel

Collected: 04/06/25 1753
Result status: Final
Resulting lab: PIEDMONT ROCKDALE HOSPITAL LAB
Reference range: 137 - 145 mmol/L
Value: 135 ⌄

Comprehensive metabolic panel: Patient Communication

Released ✕ Not seen

Results

Comprehensive metabolic panel (Order 1225408139)

Redraw Information

Reason	Requested By	Previous Specimen
Questionable Results Recollect to confirm	Sabrina Jones(4/6/2025 1747)	25D-096CH0331

Comment: K >14 , Ca <1

Comprehensive metabolic panel

Order: 1225408139

Status: Final result Next appt: None

Test Result Released: Yes (not seen)

Component Ref Range & Units	4/6/25 1753	9/6/22 0000
Sodium 137 - 145 mmol/L	**135** ⌄	140 R
Potassium 3.5 - 5.1 mmol/L	**3.9**	3.7 R
Chloride 98 - 107 mmol/L	**107**	103 R
CO2 22 - 30 mmol/L	**25**	26 R
Glucose 74 - 106 mg/dL	**101**	80 R, CM
BUN 7 - 17 mg/dL	**8**	7 R
Creatinine 0.70 - 1.50 mg/dL	**0.50** ⌄	0.68 R
Calcium 8.4 - 10.2 mg/dL	**8.5**	
Calcium Corrected 8.4 - 10.2 mg/dL	**8.9**	
Total Protein 6.3 - 8.2 g/dL	**6.5**	7.7 R
Albumin 3.5 - 5.0 g/dL	**3.5**	4.3 R
ALT <35 U/L	**18**	16 R

AST 15 - 46 U/L	25	18 R
Alkaline Phosphatase 38 - 126 U/L	69	49 R
Total Bilirubin 0.2 - 1.3 mg/dL	0.2	0.5 R
Anion Gap 10 - 20	7 ⌄	
BUN/Creatinine Ratio 12 - 20	16	NOT APPLICABLE R
Albumin/Globulin Ratio 1.1 - 2.2	1.2	1.3 R
GFR CKD-EPI >=60 mL/min/1.73sq m	>60	122 R, CM
Resulting Agency	PIEDMONT ROCKDALE HOSPITAL LAB	QUEST

Specimen Collected: 04/06/25 17:53 Last Resulted: 04/06/25 18:28

Order Details | View Encounter | Lab and Collection Details | Routing | Result History

CM=Additional comments R=Reference range differs from displayed range

Result Care Coordination

Patient Communication

Released ✕ Not seen

Lab Information

Lab
PIEDMONT ROCKDALE HOSPITAL LAB

Result Information

Flag:	Status:	Provider Status:
Abnormal !	Final result (Collected: 4/6/2025 17:53)	Open

Additional Information

Specimen ID	Bill Type	Client ID
25D-096CH0345		

Specimen Date Taken	Specimen Time Taken	Specimen Received Date	Specimen Received Time	Result Date	Result Time
Apr 6, 2025	5:53 PM	Apr 6, 2025	5:57 PM	Apr 6, 2025	6:28 PM

Piedmont HEALTHCARE

MRN/Patient ID: 907793175
CSN/Order Number: 2297456735

Piedmont Rockdale Labor and Delivery
1412 MILSTEAD AVE NE
CONYERS GA 30012-3877
Phone: 770-918-3000

Patient Demographics

Patient Name	Sex	DOB	SSN	Address	Phone

Morain, Ecclesia
Patient ID:
Specimen ID: **098-059-8298-0**

DOB: **05/08/1995**
Age: **29**
Sex: **Female**

Patient Report
Account Number: **10008820**
Ordering Physician: **C DYMOND**

labcorp

Date Collected: **04/08/2025** Date Received: **04/08/2025** Date Reported: **04/09/2025** Fasting: **No**

Ordered Items: **CBC, Platelet, No Differential; Prot+CreatU (Random); Vitamin D, 25-Hydroxy; Gest. Diabetes 1-Hr Screen; Venipuncture**

Date Collected: **04/08/2025**

CBC, Platelet, No Differential

	Test	Current Result and Flag		Previous Result and Date		Units	Reference Interval
	WBC [01]	5.9		7.0	03/25/2025	x10E3/uL	3.4-10.8
▼	**RBC** [01]	**3.70**	**Low**	3.80	03/25/2025	x10E6/uL	3.77-5.28
▼	**Hemoglobin** [01]	**10.7**	**Low**	**10.6**	03/25/2025	g/dL	11.1-15.9
▼	**Hematocrit** [01]	**32.9**	**Low**	**33.7**	03/25/2025	%	34.0-46.6
	MCV [01]	89		89	03/25/2025	fL	79-97
	MCH [01]	28.9		27.9	03/25/2025	pg	26.6-33.0
	MCHC [01]	32.5		31.5	03/25/2025	g/dL	31.5-35.7
	RDW [01]	12.4		12.1	03/25/2025	%	11.7-15.4
	Platelets [01]	179		199	03/25/2025	x10E3/uL	150-450

Prot+CreatU (Random)

	Test	Current Result and Flag		Previous Result and Date		Units	Reference Interval
	Creatinine, Urine [01]	74.6		45.9	03/25/2025	mg/dL	Not Estab.
	Protein,Total,Urine [01]	19.9		12.6	03/25/2025	mg/dL	Not Estab.
▲	**Protein/Creat Ratio**	**267**	**High**	**275**	03/25/2025	mg/g creat	0-200

Vitamin D, 25-Hydroxy

Test	Current Result and Flag	Previous Result and Date		Units	Reference Interval
Vitamin D, 25-Hydroxy [01]	33.5	34.3	03/25/2025	ng/mL	30.0-100.0

Vitamin D deficiency has been defined by the Institute of Medicine and an Endocrine Society practice guideline as a level of serum 25-OH vitamin D less than 20 ng/mL (1,2). The Endocrine Society went on to further define vitamin D insufficiency as a level between 21 and 29 ng/mL (2).

1. IOM (Institute of Medicine). 2010. Dietary reference intakes for calcium and D. Washington DC: The National Academies Press.
2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. JCEM. 2011 Jul; 96(7):1911-30.

Gest. Diabetes 1-Hr Screen

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Gestational Diabetes Screen [01]	83		mg/dL	70-139

According to ADA, a glucose threshold of >139 mg/dL after 50-gram load identifies approximately 80% of women with gestational diabetes mellitus, while the sensitivity is further increased to approximately 90% by a threshold of >129 mg/dL.

Disclaimer
The Previous Result is listed for the most recent test performed by Labcorp in the past 5 years where there is sufficient patient demographic data to match the result to the patient. Results from certain tests are excluded from the Previous Result display.

Icon Legend
▲ Out of Reference Range ■ Critical or Alert

Performing Labs
01: MB - Labcorp Birmingham, 1801 First Avenue South, Birmingham, AL 35233-1935 Dir: Steven Wang, MD
For inquiries, the physician may contact Branch: 770-939-4811 Lab: 205-581-3500

Patient Details
Morain, Ecclesia
1500 PINE LOG RD NE APT B,VIEW POIN,
CONYERS, GA, 30012

Phone: **470-629-3412**
Date of Birth: **05/08/1995**
Age: **29**
Sex: **Female**
Patient ID:
Alternate Patient ID:

Physician Details
C DYMOND
Atlanta Birth Center
1 Baltimore Place NW Ste 105, Atlanta, GA, 30308

Phone: **404-474-2770**
Account Number: **10008820**
Physician ID:
NPI: **1871166017**

Specimen Details
Specimen ID: **098-059-8298-0**
Control ID: **L2502635098**
Alternate Control Number: **L2502635098**
Date Collected: **04/08/2025 1044 Local**
Date Received: **04/08/2025 0000 ET**
Date Entered: **04/08/2025 1052 ET**
Date Reported: **04/09/2025 2008 ET**

Morain, Ecclesia
Patient ID:
Specimen ID: **127-744-0320-0**

DOB: **05/08/1995**
Age: **29**
Sex: **Female**

Patient Report
Account Number: **10008820**
Ordering Physician: **C DYMOND**

labcorp

Date Collected: **05/07/2025** Date Received: **05/07/2025** Date Reported: **05/08/2025** Fasting: **No**

Ordered Items: **CBC With Differential/Platelet; Venipuncture**

Date Collected: **05/07/2025**

CBC With Differential/Platelet

Test	Current Result and Flag	Previous Result and Date		Units	Reference Interval
WBC [01]	8.7	5.9	04/08/2025	x10E3/uL	3.4-10.8
RBC [01]	3.96	**3.70**	04/08/2025	x10E6/uL	3.77-5.28
Hemoglobin [01]	11.3	**10.7**	04/08/2025	g/dL	11.1-15.9
Hematocrit [01]	35.2	**32.9**	04/08/2025	%	34.0-46.6
MCV [01]	89	89	04/08/2025	fL	79-97
MCH [01]	28.5	28.9	04/08/2025	pg	26.6-33.0
MCHC [01]	32.1	32.5	04/08/2025	g/dL	31.5-35.7
RDW [01]	13.0	12.4	04/08/2025	%	11.7-15.4
Platelets [01]	172	179	04/08/2025	x10E3/uL	150-450
Neutrophils [01]	70	72	03/25/2025	%	Not Estab.
Lymphs [01]	17	18	03/25/2025	%	Not Estab.
Monocytes [01]	7	7	03/25/2025	%	Not Estab.
Eos [01]	4	2	03/25/2025	%	Not Estab.
Basos [01]	1	1	03/25/2025	%	Not Estab.
Neutrophils (Absolute) [01]	6.1	5.1	03/25/2025	x10E3/uL	1.4-7.0
Lymphs (Absolute) [01]	1.5	1.3	03/25/2025	x10E3/uL	0.7-3.1
Monocytes(Absolute) [01]	0.6	0.5	03/25/2025	x10E3/uL	0.1-0.9
Eos (Absolute) [01]	0.3	0.1	03/25/2025	x10E3/uL	0.0-0.4
Baso (Absolute) [01]	0.1	0.0	03/25/2025	x10E3/uL	0.0-0.2
Immature Granulocytes [01]	1	0	03/25/2025	%	Not Estab.
Immature Grans (Abs) [01]	0.1	0.0	03/25/2025	x10E3/uL	0.0-0.1

Disclaimer
The Previous Result is listed for the most recent test performed by Labcorp in the past 5 years where there is sufficient patient demographic data to match the result to the patient. Results from certain tests are excluded from the Previous Result display.

Icon Legend
▲ Out of Reference Range ■ Critical or Alert

Performing Labs
01: MB - Labcorp Birmingham, 1801 First Avenue South, Birmingham, AL 35233-1935 Dir: Steven Wang, MD
For inquiries, the physician may contact Branch: 770-939-4811 Lab: 205-581-3500

Patient Details
Morain, Ecclesia
1500 PINE LOG RD NE APT B,VIEW POIN, CONYERS, GA, 30012

Phone: **470-629-3412**
Date of Birth: **05/08/1995**
Age: **29**
Sex: **Female**
Patient ID:
Alternate Patient ID:

Physician Details
C DYMOND
Atlanta Birth Center
1 Baltimore Place NW Ste 105, Atlanta, GA, 30308

Phone: **404-474-2770**
Account Number: **10008820**
Physician ID:
NPI: **1871166017**

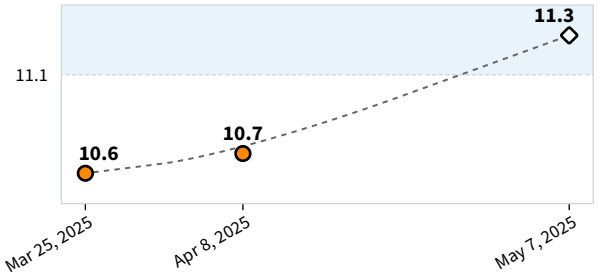
Specimen Details
Specimen ID: **127-744-0320-0**
Control ID: **L2503419927**
Alternate Control Number: **L2503419927**
Date Collected: **05/07/2025 1120 Local**
Date Received: **05/07/2025 0000 ET**
Date Entered: **05/07/2025 1052 ET**
Date Reported: **05/08/2025 0608 ET**

Historical Results & Insights

Labcorp offers historical lab results data with easy-to-interpret visualizations to provide a more complete picture of a patient's lab history and improve patient care.

Hemoglobin

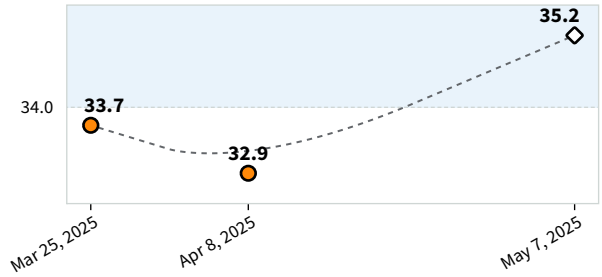
◇ Current Result: 11.3 *g/dL*



Reference Interval: 11.1-15.9 g/dL

Hematocrit

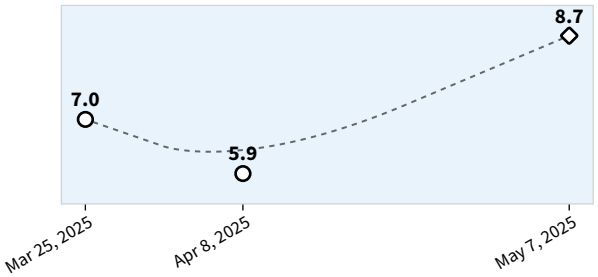
◇ Current Result: 35.2 %



Reference Interval: 34.0-46.6 %

WBC

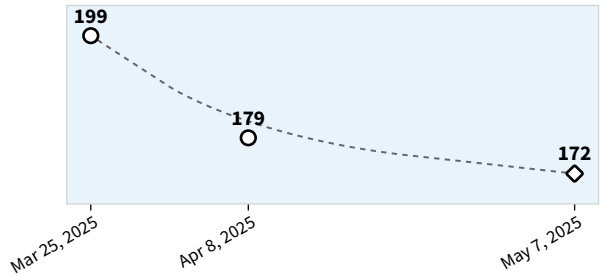
◇ Current Result: 8.7 *x10E3/uL*



Reference Interval: 3.4-10.8 x10E3/uL

Platelets

◇ Current Result: 172 *x10E3/uL*



Reference Interval: 150-450 x10E3/uL

Date Collected: **06/23/2025** Date Received: **06/23/2025** Date Reported: **06/27/2025** Fasting: **No**

Ordered Items: **Strep Gp B Culture+Rflx; Urine Culture, Routine; Atlanta Birth Center**

General Comments & Additional Information

Clinical Info: SRC:UR
Clinical Info: SRC:VR
Clinical Info: SRC:UC

Date Collected: **06/23/2025**

Strep Gp B Culture+Rflx

Test	Current Result and Flag	Units	Reference Interval
Strep Gp B Culture+Rflx [01]	Negative		Negative

Centers for Disease Control and Prevention (CDC) and American Congress of Obstetricians and Gynecologists (ACOG) guidelines for prevention of perinatal group B streptococcal (GBS) disease specify co-collection of a vaginal and rectal swab specimen to maximize sensitivity of GBS detection. Per the CDC and ACOG, swabbing both the lower vagina and rectum substantially increases the yield of detection compared with sampling the vagina alone.
Penicillin G, ampicillin, or cefazolin are indicated for intrapartum prophylaxis of perinatal GBS colonization. Reflex susceptibility testing should be performed prior to use of clindamycin only on GBS isolates from penicillin-allergic women who are considered a high risk for anaphylaxis. Treatment with vancomycin without additional testing is warranted if resistance to clindamycin is noted.

Urine Culture, Routine

Test	Current Result and Flag	Units	Reference Interval
Urine Culture, Routine [01]	Final report		
Result 1 [01]			

Mixed urogenital flora
25,000-50,000 colony forming units per mL

Disclaimer
The Previous Result is listed for the most recent test performed by Labcorp in the past 5 years where there is sufficient patient demographic data to match the result to the patient. Results from certain tests are excluded from the Previous Result display.

Icon Legend
▲ Out of Reference Range ■ Critical or Alert

Performing Labs
01: MB - Labcorp Birmingham, 1801 First Avenue South, Birmingham, AL 35233-1935 Dir: Steven Wang, MD
For inquiries, the physician may contact Branch: 770-939-4811 Lab: 205-581-3500

Patient Details
Morain, Ecclesia
1500 PINE LOG RD NE APT B,VIEW POIN, CONYERS, GA, 30012

Phone: **470-629-3412**
Date of Birth: **05/08/1995**
Age: **30**
Sex: **Female**
Patient ID:
Alternate Patient ID:

Physician Details
C DYMOND
Atlanta Birth Center
1 Baltimore Place NW Ste 105, Atlanta, GA, 30308

Phone: **404-474-2770**
Account Number: **10008820**
Physician ID:
NPI: **1871166017**

Specimen Details
Specimen ID: **174-059-6997-0**
Control ID: **L2504581393**
Alternate Control Number: **L2504581393**
Date Collected: **06/23/2025 1037 Local**
Date Received: **06/23/2025 0000 ET**
Date Entered: **06/23/2025 1050 ET**
Date Reported: **06/27/2025 1309 ET**

Morain, Ecclesia
Patient ID:
Specimen ID: **183-059-9086-0**

DOB: **05/08/1995**
Age: **30**
Sex: **Female**

Patient Report
Account Number: **10008820**
Ordering Physician: **C DYMOND**

labcorp

Date Collected: **07/02/2025** Date Received: **07/02/2025** Date Reported: **07/04/2025** Fasting: **No**

Ordered Items: **TSH+T4F+T3Free+ThyAbs+TPO; CBC With Differential/Platelet; Prot+CreatU (Random); Vitamin B12 and Folate; Vitamin D, 25-Hydroxy; Ferritin; Venipuncture; Request Problem**

Date Collected: **07/02/2025**

TSH+T4F+T3Free+ThyAbs+TPO

	Test	Current Result and Flag		Previous Result and Date		Units	Reference Interval
	TSH [01]	2.100		1.790	03/25/2025	uIU/mL	0.450-4.500
▼	**T4,Free(Direct)** [01]	**0.58**	**Low**	**0.72**	03/25/2025	ng/dL	0.82-1.77
	Triiodothyronine (T3), Free [01]	2.4		2.5	03/25/2025	pg/mL	2.0-4.4
	Thyroid Peroxidase (TPO) Ab [01]	11		14	03/25/2025	IU/mL	0-34
	Thyroglobulin Antibody [01]	<1.0		<1.0	03/25/2025	IU/mL	0.0-0.9

Thyroglobulin Antibody measured by Beckman Coulter Methodology
It should be noted that the presence of thyroglobulin antibodies may not be pathogenic nor diagnostic, especially at very low levels. The assay manufacturer has found that four percent of individuals without evidence of thyroid disease or autoimmunity will have positive TgAb levels up to 4 IU/mL.

CBC With Differential/Platelet

Test	Current Result and Flag	Previous Result and Date		Units	Reference Interval
WBC [01]	7.3	8.7	05/07/2025	x10E3/uL	3.4-10.8
RBC [01]	3.92	3.96	05/07/2025	x10E6/uL	3.77-5.28
Hemoglobin [01]	11.1	11.3	05/07/2025	g/dL	11.1-15.9
Hematocrit [01]	35.1	35.2	05/07/2025	%	34.0-46.6
MCV [01]	90	89	05/07/2025	fL	79-97
MCH [01]	28.3	28.5	05/07/2025	pg	26.6-33.0
MCHC [01]	31.6	32.1	05/07/2025	g/dL	31.5-35.7
RDW [01]	12.9	13.0	05/07/2025	%	11.7-15.4
Platelets [01]	158	172	05/07/2025	x10E3/uL	150-450
Neutrophils [01]	70	70	05/07/2025	%	Not Estab.
Lymphs [01]	17	17	05/07/2025	%	Not Estab.
Monocytes [01]	9	7	05/07/2025	%	Not Estab.
Eos [01]	2	4	05/07/2025	%	Not Estab.
Basos [01]	1	1	05/07/2025	%	Not Estab.
Neutrophils (Absolute) [01]	5.2	6.1	05/07/2025	x10E3/uL	1.4-7.0
Lymphs (Absolute) [01]	1.2	1.5	05/07/2025	x10E3/uL	0.7-3.1
Monocytes(Absolute) [01]	0.6	0.6	05/07/2025	x10E3/uL	0.1-0.9
Eos (Absolute) [01]	0.1	0.3	05/07/2025	x10E3/uL	0.0-0.4
Baso (Absolute) [01]	0.0	0.1	05/07/2025	x10E3/uL	0.0-0.2
Immature Granulocytes [01]	1	1	05/07/2025	%	Not Estab.
Immature Grans (Abs) [01]	0.0	0.1	05/07/2025	x10E3/uL	0.0-0.1

Date Collected: **07/02/2025**

Prot+CreatU (Random)

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Creatinine, Urine [01]				Not Estab.
	Test not performed. Specimen leaked in transit and is no longer suitable for testing.			

Vitamin B12 and Folate

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Vitamin B12 [01]	474	536 03/25/2025	pg/mL	232-1245
Folate (Folic Acid), Serum [01]	13.6	18.1 03/25/2025	ng/mL	>3.0
Note: [01]				
	A serum folate concentration of less than 3.1 ng/mL is considered to represent clinical deficiency.			

Vitamin D, 25-Hydroxy

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Vitamin D, 25-Hydroxy [01]	33.1	33.5 04/08/2025	ng/mL	30.0-100.0
	Vitamin D deficiency has been defined by the Institute of Medicine and an Endocrine Society practice guideline as a level of serum 25-OH vitamin D less than 20 ng/mL (1,2). The Endocrine Society went on to further define vitamin D insufficiency as a level between 21 and 29 ng/mL (2). 1. IOM (Institute of Medicine). 2010. Dietary reference intakes for calcium and D. Washington DC: The National Academies Press. 2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. JCEM. 2011 Jul; 96(7):1911-30.			

Ferritin

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Ferritin [01]	25	**14** 03/25/2025	ng/mL	15-150

Request Problem

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
▶ **Request Problem** [01]	**Comment: Abnormal**			
	Test not performed. Specimen leaked in transit and is no longer suitable for testing. TEST: 003129 Prot+CreatU (Random)			

Disclaimer
The Previous Result is listed for the most recent test performed by Labcorp in the past 5 years where there is sufficient patient demographic data to match the result to the patient. Results from certain tests are excluded from the Previous Result display.

Icon Legend
▲ Out of Reference Range ■ Critical or Alert

Performing Labs
01: MB - Labcorp Birmingham, 1801 First Avenue South, Birmingham, AL 35233-1935 Dir: Steven Wang, MD
For inquiries, the physician may contact Branch: 770-939-4811 Lab: 205-581-3500

Patient Details
Morain, Ecclesia
1500 PINE LOG RD NE APT B,VIEW POIN, CONYERS, GA, 30012

Phone: **470-629-3412**
Date of Birth: **05/08/1995**
Age: **30**
Sex: **Female**
Patient ID:
Alternate Patient ID:

Physician Details
C DYMOND
Atlanta Birth Center
1 Baltimore Place NW Ste 105, Atlanta, GA, 30308

Phone: **404-474-2770**
Account Number: **10008820**
Physician ID:
NPI: **1871166017**

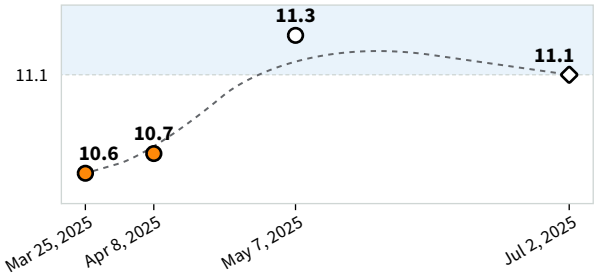
Specimen Details
Specimen ID: **183-059-9086-0**
Control ID: **L2504840443**
Alternate Control Number: **L2504840443**
Date Collected: **07/02/2025 1059 Local**
Date Received: **07/02/2025 0000 ET**
Date Entered: **07/02/2025 1041 ET**
Date Reported: **07/04/2025 2008 ET**

Historical Results & Insights

Labcorp offers historical lab results data with easy-to-interpret visualizations to provide a more complete picture of a patient's lab history and improve patient care.

Hemoglobin

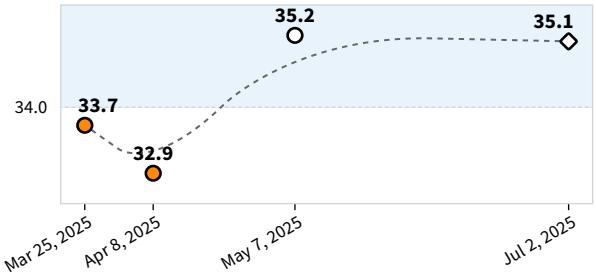
◇ Current Result: 11.1 *g/dL*



Reference Interval: 11.1-15.9 g/dL

Hematocrit

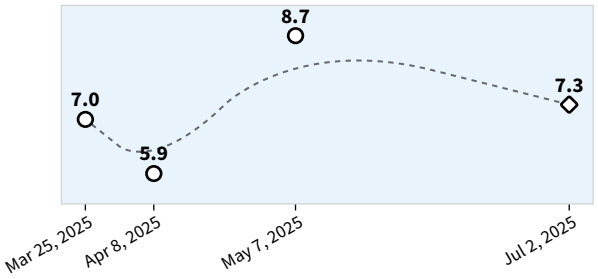
◇ Current Result: 35.1 %



Reference Interval: 34.0-46.6 %

WBC

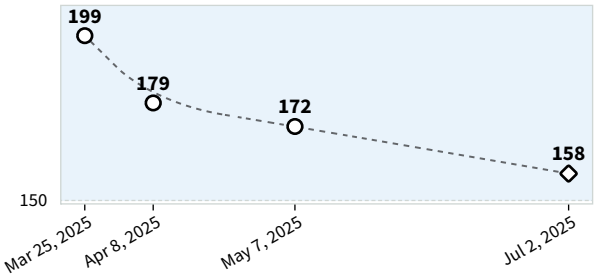
◇ Current Result: 7.3 *x10E3/uL*



Reference Interval: 3.4-10.8 x10E3/uL

Platelets

◇ Current Result: 158 *x10E3/uL*



Reference Interval: 150-450 x10E3/uL

Date Collected: **07/22/2025** Date Received: **07/22/2025** Date Reported: **07/25/2025** Fasting: **Not Given**

Ordered Items: **Urine Culture, Routine; Sensitivity Organism #1; Presumptive ID; Organism ID**

General Comments & Additional Information

Clinical Info: SRC:UR
Clinical Info: SRC:UC

Date Collected: **07/22/2025**

Urine Culture, Routine

Test	Current Result and Flag		Units	Reference Interval
▶ **Urine Culture, Routine** [01]	**Final report**	**Abnormal**		
▶ **Result 1** [01]	**Escherichia coli**	**Abnormal**		

Cefazolin with an MIC <=16 predicts susceptibility to the oral agents cefaclor, cefdinir, cefpodoxime, cefprozil, cefuroxime, cephalexin, and loracarbef when used for therapy of uncomplicated urinary tract infections due to E. coli, Klebsiella pneumoniae, and Proteus mirabilis.
Greater than 100,000 colony forming units per mL

Antimicrobial Susceptibility [01]

** S = Susceptible; I = Intermediate; R = Resistant **
P = Positive; N = Negative
MICS are expressed in micrograms per mL

Antibiotic	RSLT#1	RSLT#2	RSLT#3	RSLT#4
Amoxicillin/Clavulanic Acid	S			
Ampicillin	S			
Cefazolin	S			
Cefepime	S			
Cefoxitin	S			
Cefpodoxime	S			
Ceftriaxone	S			
Ciprofloxacin	S			
Ertapenem	S			
Gentamicin	S			
Levofloxacin	S			
Meropenem	S			
Nitrofurantoin	S			
Piperacillin/Tazobactam	S			
Tetracycline	S			
Tobramycin	S			
Trimethoprim/Sulfa	S			

Disclaimer
The Previous Result is listed for the most recent test performed by Labcorp in the past 5 years where there is sufficient patient demographic data to match the result to the patient. Results from certain tests are excluded from the Previous Result display.

Icon Legend
▲ Out of Reference Range ■ Critical or Alert

Performing Labs
01: MB - Labcorp Birmingham, 1801 First Avenue South, Birmingham, AL 35233-1935 Dir: Steven Wang, MD
For inquiries, the physician may contact Branch: 770-939-4811 Lab: 205-581-3500

Patient Details
Morain, Ecclesia
1500 PINE LOG RD NE APT B,VIEW POIN, CONYERS, GA, 30012

Phone: **470-629-3412**
Date of Birth: **05/08/1995**
Age: **30**
Sex: **Female**
Patient ID:
Alternate Patient ID:

Physician Details
C DYMOND
Atlanta Birth Center
1 Baltimore Place NW Ste 105, Atlanta, GA, 30308

Phone: **404-474-2770**
Account Number: **10008820**
Physician ID:
NPI: **1871166017**

Specimen Details
Specimen ID: **203-744-0454-0**
Control ID: **L2505323532**
Alternate Control Number: **L2505323532**
Date Collected: **07/22/2025 1117 Local**
Date Received: **07/22/2025 0000 ET**
Date Entered: **07/22/2025 1050 ET**
Date Reported: **07/25/2025 1209 ET**

Morain, Ecclesia
Patient ID:
Specimen ID: **203-744-7861-0**

DOB: **05/08/1995**
Age: **30**
Sex: **Female**

Patient Report
Account Number: **10008820**
Ordering Physician: **C DYMOND**

labcorp

Date Collected: **07/22/2025** Date Received: **07/22/2025** Date Reported: **07/23/2025** Fasting: **Not Given**

Ordered Items: **Prot+CreatU (Random)**

Date Collected: **07/22/2025**

Prot+CreatU (Random)

	Test	Current Result and Flag		Previous Result and Date		Units	Reference Interval
	Creatinine, Urine [01]	47.8		74.6	04/08/2025	mg/dL	Not Estab.
	Protein,Total,Urine [01]	26.8		19.9	04/08/2025	mg/dL	Not Estab.
▲	**Protein/Creat Ratio**	**561**	**High**	**267**	04/08/2025	mg/g creat	0-200

Disclaimer
The Previous Result is listed for the most recent test performed by Labcorp in the past 5 years where there is sufficient patient demographic data to match the result to the patient. Results from certain tests are excluded from the Previous Result display.

Icon Legend
▲ Out of Reference Range ■ Critical or Alert

Performing Labs
01: MB - Labcorp Birmingham, 1801 First Avenue South, Birmingham, AL 35233-1935 Dir: Steven Wang, MD
For inquiries, the physician may contact Branch: 770-939-4811 Lab: 205-581-3500

Patient Details
Morain, Ecclesia
1500 PINE LOG RD NE APT B,VIEW POIN, CONYERS, GA, 30012

Phone: **470-629-3412**
Date of Birth: **05/08/1995**
Age: **30**
Sex: **Female**
Patient ID:
Alternate Patient ID:

Physician Details
C DYMOND
Atlanta Birth Center
1 Baltimore Place NW Ste 105, Atlanta, GA, 30308

Phone: **404-474-2770**
Account Number: **10008820**
Physician ID:
NPI: **1871166017**

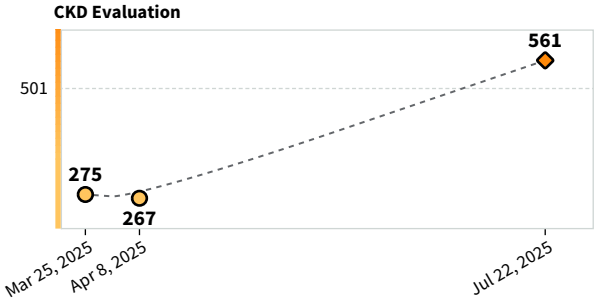
Specimen Details
Specimen ID: **203-744-7861-0**
Control ID: **L2505336009**
Alternate Control Number: **L2505336009**
Date Collected: **07/22/2025 1409 Local**
Date Received: **07/22/2025 0000 ET**
Date Entered: **07/22/2025 1532 ET**
Date Reported: **07/23/2025 1611 ET**

Historical Results & Insights

Labcorp offers historical lab results data with easy-to-interpret visualizations to provide a more complete picture of a patient's lab history and improve patient care.

Urine Protein/Creatinine Ratio

◆ Current Result: 561 *mg/g creat* **SEVERELY INCREASED**



natera™

PO #:

Horizon Carrier Screen Kit

36950217-2-C

Accession ID# or MRN: _____

DATE OF SAMPLE COLLECTION 2/4/25

PATIENT

Flores — Patient Last Name

Shawn — Patient First Name

05/21/99 — Date of Birth (MM/DD/YY)

( ) — Cell Phone (Required for billing and test status updates)

Patient Email (Required for billing and test status updates)

Address

City | State | Zip | ☐ F ☒ M Genetic Sex

PAYMENT INFORMATION

☒ Bill Insurance ☐ Bill Clinic ☐ Self Pay *(Patient email, cell phone and signature required. Test processing may require advance payment.)*

Insurance Company | Group Number

Member ID | Member Name

Prior Authorization Number (If Applicable) | Compassionate Care Ref # (If Applicable)

PREGNANCY INFORMATION

Is patient pregnant? ☐ 1st Trimester ☐ 2nd Trimester ☐ 3rd Trimester ☒ Not pregnant

Expected Due Date (MM/DD/YY) | Patient Weight (lbs)

For Panorama, we do NOT accept pregnancies with more than two fetuses OR egg donor/surrogates with twins. For twin pregnancies or singleton egg donor/surrogate pregnancies, check ALL that apply.

☐ **Singleton pregnancy** ☐ **Twin pregnancy**

☐ **Surrogate** or **egg donor** pregnancy

If IVF, age of genetic mother (donor/self) at egg retrieval: _____

PANORAMA PRENATAL SCREEN (SEE DETAILS ON BACK)

Panorama® ☐ Enroll patient in the **Automatic Redraw Program** (see back)

REQUIRED: Select one Panorama screening option:

☐ **Panorama Aneuploidy Test**
Chromosomes 13, 18, 21, X and Y; Triploidy

☐ **Panorama Aneuploidy Test and 22q11.2 Deletion Test**
Chromosomes 13, 18, 21, X and Y; Triploidy; 22q11.2 deletion (22q is not available for dizygotic twins and egg donors)

OPTIONAL: Additional testing (available with either option selected above)

☐ **Additional Microdeletions** *(Not available for twins or egg donors)*
Five additonal microdeletions (including 22q11.2 deletion)

☐ **For RhD (-) patients only: Fetal RhD Test** *(Not available for dizygotic twins)*

☐ **Fetal sex**

ICD-10 CODE (REQUIRED): *For additional codes, refer to back*

☐ O09.511 Supervision of elderly primigravida, 1st trimester
☐ O09.512 Supervision of elderly primigravida, 2nd trimester
☐ O09.521 Supervision of elderly multigravida, 1st trimester
☐ O09.522 Supervision of elderly multigravida, 2nd trimester
☐ Z34.01 Encounter for supervision of normal first pregnancy, first trimester
☐ Z34.02 Encounter for supervision of normal first pregnancy, second trimester
☐ Z34.81 Supervision of other normal pregnancy, 1st trimester
☐ Z34.82 Supervision of other normal pregnancy, 2nd trimester

Other ICD-10 Code _____

ORDERING CLINICIAN / REPORT RECIPIENTS

Atlanta Birth Center

30308, 1 Baltimore Place Northwest Suite 105, Atlanta, GA — Clinic or Organization

404-474-2770 — Phone

Enter or Check Clinician Name Below

☐ Adrienne Crawford-Mc(	☐ Kate Dirks, CNM-PRN	☐ Nicole Madalon, CNM
☐ Leila Abadir, CNM	☐ Carolyn Dymond, CNM	☐ Zoe Pappas, CNM
☐ Megan Amayo, CNM	☐ Sara Edwards, CNM, M	☐ Vanessa Treaster, CNM
☐ Sandra Angotti, CNM	☒ Anjli Hinman, CNM, FN	☐ Stacy Ulmer, CNM
☐ Lorie Bounds, CNM	☐ Martin Jaya, CNM - PR	☐ Stacy Ulmer, CNM
☐ Nicole Carlson, CNM-P	☐ Molly Jobe, CNM-PRN	☐ Hannah Walters, CNM,
☐ Andrea Cole, CNM	☐ Nicole Madalon, CNM	☐

Additional Report Recipient | 844-971-6984 Fax

STATEMENT OF MEDICAL NECESSITY (REQUIRED)

I confirm the testing ordered herein is medically necessary and recognize that payor determination of medical necessity may vary. The patient has consented to testing as may be required by law, including NY CVR §79-i, as applicable. Pre-test counseling for genetic screening was completed according to the patient's health plan requirements, as applicable. Post-test counseling will be provided after results are available.

X _____ Ordering Clinician / Authorized Signature | Date

FAMILY BACKGROUND

Personal / family history of a genetic disorder (list gene, variant, person affected):

Patient ethnicity

☐ African American/Black	☐ Mediterranean	☐ East Asian
☒ Hispanic/Latin American	☐ White (Non-Hispanic)	☐ Southeast Asian
☐ American Indian or Alaskan Native	☐ Ashkenazi Jewish	☐ South Asian
☐ Native Hawaiian or other Pacific Islander	☐ Sephardic Jewish	☐ Other _____
	☐ French Canadian	

HORIZON CARRIER SCREEN (SEE DETAILS ON BACK)

Horizon™

SINGLE OPTIONS *(Select ONLY if no panels are chosen)*

☐ **DMD** ☐ **CF** ☐ **SMA** ☐ **ADD Tay-Sachs Enzyme** (to any options or as single option)

PANEL OPTIONS

☐ **HCustom** _____ (Please enter PC#)

☐ **H4** SMA, CF, Fragile X, DMD

☒ **H14** Pan-ethnic Standard

To order test options below, select H14 PLUS add-on option below:

AND ☐ ADD 13 genes for Pan-ethnic Medium (**H27**)

AND ☐ ADD 92 genes for Comprehensive Jewish (Ashkenazi & Sephardic) (**H106**)

AND ☐ ADD 260 genes for Pan-ethnic Extended (**H274**)

Note: Males are not screened for X-linked conditions; gene count will vary

ICD-10 CODE (REQUIRED): *For additional codes, refer to back*

☐ Z34.81 Supervision of other normal pregnancy, 1st trimester
☐ Z34.82 Supervision of other normal pregnancy, 2nd trimester
☐ Z31.430 Female: genetic disease carrier status for procreative management
☒ Z31.440 Male: genetic disease carrier status for procreative management

Other ICD-10 Code _____

VISTARA PRENATAL SCREEN (SEE DETAILS ON BACK)

Vistara™ ☐ **VISTARA SINGLE-GENE PRENATAL PANEL** **Single gene conditions including Skeletal, Noonan spectrum, Craniosynostosis and Syndromic disorders**

Vistara cannot be performed for twin pregnancies or cases where there has been a fetal demise, vanishing twin, or reduction.

Are there ultrasound findings? ☐ Yes ☐ No Describe or attach _____

Family history of a Vistara condition? ☐ Yes ☐ No Describe or attach _____

ICD-10 CODE (REQUIRED): *For additional codes, refer to back*

☐ O28.3 Ultrasound finding
☐ O35.2XX0 Maternal care for other (suspected) hereditary disease in fetal, not applicable/unspecified

Other ICD-10 Code (see back) _____

PATIENT ACKNOWLEDGMENT

By my signature I acknowledge I have read and agreed to the Patient Acknowledgment for testing on the back page. New York residents must check this box ☐ and sign below to permit Natera to use their samples for research and development; otherwise, their samples will be discarded within 60 days of testing. By providing the information included herein, I understand and agree I may be contacted via, e.g., e-mail, or cellular or home phone, by text message, automatic telephone dialing system, or computer assisted technology for treatment options, billing/collection matters, and health-related products, services, or studies. I understand that my treatment, payment, enrollment, or eligibility for benefits is not conditioned on my providing such consent, and I may opt out at any time or by checking this box ☐. I acknowledge that my healthcare provider may update the panel ordered based on medical policy. **Horizon patients:** I would like to share my Horizon test results with my partner and his/her healthcare provider for treatment purposes.

Partner Name: Ecclesia Morgan DOB: 5/8/95 Phone Number: _____ (For "Partner Auto Enroll" Program)

Email Address: _____

Patient Signature X [signature] Date 2/4/25

FAX COVER SHEET

To:	**From:** Emory Healthcare
Company:	**Date:** 07/13/25 12:00:11 PM
Fax Number: 470-731-7797	**Pages (Including cover):** 2
Re: FAX MESSAGE	

Notes:

EMORY HEALTHCARE

Medical Laboratories

Morain, Boy 19564504
M, 0 dys, 7/13/2025

Atlanta Birth Center
Fax #: 470-731-7797
Atlanta Birth Center
1 Baltimore Place N. W.
ATLANTA GA 30308

Authorizing Provider

Braden, Andrea Leigh, MD	F: 470-731-7797

Cord Blood Evaluation (Preliminary result)

	Value	Range
Cord ABORh Interp	A POS	

Blood specimen 25EM-194B0033 from Blood, cord Unspecified. Ordered by Braden, Andrea Leigh, MD. Authorized by Braden, Andrea Leigh, MD. Collected: 7/13/2025 0707 Received: 1144. Verified: 7/13/2025 1159. Resulted by EUHM Blood Bank.

CC Recipients

Atlanta Birth Center (Fax: 470-731-7797), Braden, Andrea Leigh, MD (Fax: 470-731-7797)

FAX COVER SHEET

To:	**From:** Emory Healthcare
Company:	**Date:** 07/13/25 12:00:37 PM
Fax Number: 470-731-7797	**Pages (Including cover):** 2
Re: FAX MESSAGE	

Notes:

EMORY HEALTHCARE

Medical Laboratories

Morain, Boy 19564504
M, 0 dys, 7/13/2025

Atlanta Birth Center
Fax #: 470-731-7797
Atlanta Birth Center
1 Baltimore Place N. W.
ATLANTA GA 30308

Authorizing Provider

Braden, Andrea Leigh, MD	F: 470-731-7797

Cord Blood Evaluation (Final result)

	Value	Range
Cord ABORh Interp	A POS	
Cord DAT Interp	NEG	

Blood specimen 25EM-194B0033 from Blood, cord Unspecified. Ordered by Braden, Andrea Leigh, MD. Authorized by Braden, Andrea Leigh, MD. Collected: 7/13/2025 0707 Received: 1144. Verified: 7/13/2025 1200. Resulted by EUHM Blood Bank.

CC Recipients

Atlanta Birth Center (Fax: 470-731-7797), Braden, Andrea Leigh, MD (Fax: 470-731-7797)

FAX COVER SHEET

To:	**From:** Emory Healthcare
Company:	**Date:** 07/13/25 12:00:11 PM
Fax Number: 470-731-7797	**Pages (Including cover):** 2
Re: FAX MESSAGE	

Notes:

EMORY HEALTHCARE

Medical Laboratories

Morain, Boy 19564504
M, 0 dys, 7/13/2025

Atlanta Birth Center
1 Baltimore Place N. W.
ATLANTA GA 30308
Fax #: 470-731-7797
Atlanta Birth Center
1 Baltimore Place N. W.
ATLANTA GA 30308

Authorizing Provider

Braden, Andrea Leigh, MD	F: 470-731-7797

Cord Blood Evaluation (Preliminary result)

	Value	Range
Cord ABORh Interp	A POS	

Blood specimen 25EM-194B0033 from Blood, cord Unspecified. Ordered by Braden, Andrea Leigh, MD. Authorized by Braden, Andrea Leigh, MD. Collected: 7/13/2025 0707 Received: 1144. Verified: 7/13/2025 1159. Resulted by EUHM Blood Bank.

CC Recipients

Atlanta Birth Center (Fax: 470-731-7797), Braden, Andrea Leigh, MD (Fax: 470-731-7797)

FAX COVER SHEET

To:	**From:** Emory Healthcare
Company:	**Date:** 07/13/25 11:59:27 AM
Fax Number: 470-731-7797	**Pages (Including cover):** 2
Re: FAX MESSAGE	

Notes:

EMORY HEALTHCARE

Medical Laboratories

Morain, Boy 19564504
M, 0 dys, 7/13/2025

Braden, Andrea Leigh, MD
1 Baltimore Pl NW, Ste 105
ATLANTA GA 30308
Fax #: 470-731-7797
Atlanta Birth Center
1 Baltimore Place N. W.
ATLANTA GA 30308

Authorizing Provider

Braden, Andrea Leigh, MD	F: 470-731-7797

Cord Blood Evaluation (Preliminary result)

	Value	Range
Cord ABORh Interp	A POS	

Blood specimen 25EM-194B0033 from Blood, cord Unspecified. Ordered by Braden, Andrea Leigh, MD. Authorized by Braden, Andrea Leigh, MD. Collected: 7/13/2025 0707 Received: 1144. Verified: 7/13/2025 1159. Resulted by EUHM Blood Bank.

CC Recipients

Atlanta Birth Center (Fax: 470-731-7797)

Georgia Public Health Laboratory-Central Facility
Department of Public Health
Tonia Parrott, Ph.D., HCLD Acting Laboratory Director
1749 Clairmont RD, Decatur, GA 30033-4050 Phone 404-327-7900 Fax 404-327-7919
Georgia Clinical Laboratory License# 044-121 CLIA ID# 11D0671793

25N002082712

NEWBORN SCREENING REPORT

MORAIN, MATEO

SPECIMEN

Lab No: 25N002082712

Collected Date/Time:	07/14/25 10:30AM		
Received Date/Time:	07/16/25 10:51AM	**Meconium Ileus:**	No
Final Report:	7/18/2025	**Transfusion Date:**	
Transfusion:	No		
Feeding:	Breast	**Formula**	
Reason:	F-1ST TEST		

PATIENT

Name:	MORAIN, MATEO		
Birth Date/Time:	07/13/25 7:20AM	**Age:**	27 Hrs
Birth Weight:	3401 Grams	**Gest Age:**	39 Wks
Current Weight:	3205 Grams	**Gender:**	Male
Race:	M - Multiracial	**Birth Order:**	Single
Med Rec:	94879	**NICU:**	N - NO

SUBMITTER

060238P

Name:	ATLANTA BIRTHING CENTER
Address:	1 BALTIMORE PLACE NW, STE 105
	ATLANTA, GA 30308
County:	Fulton
Clinician Name:	PEDIATRIC HEALTH CTR @ CONYERS
Clinician Phone:	7704834431
Form ID Number:	GA0000191791

MOTHER / GUARDIAN

Name:	MORAIN, ECCLESIA
Address:	1500 PINE LOG RD
	CONYERS, GA 30012
County:	Rockdale
Phone:	4706293412
DOB:	05/08/1995
Med Rec:	

Screen Normal

Recommended Actions

NONE.

Screening Results

Disorder	Marker	Result	Determination	Comments
Galactosemia	GALT Enzyme	Within Normal Limits	Normal	
Biotinidase Deficiency	Biotinidase Enzyme	Within Normal Limits	Normal	
Congenital Hypothyroidism	T4	Within Normal Limits	Normal	
	TSH	Within Normal Limits	Normal	
Congenital Adrenal Hyperplasia	17-OHP	Within Normal Limits	Normal	
Hemoglobinopathy	HGB	FA	Normal	
Cystic Fibrosis	IRT	Within Normal Limits	Normal	
Acylcarnitine Profile	NA	Within Normal Limits	Normal	
Amino Acid Profile	NA	Within Normal Limits	Normal	
SCID	TREC	Within Normal Limits	Normal	
SMA	*SMN1*	Within Normal Limits	Normal	
XALD	C26:0-LPC	Within Normal Limits	Normal	
Krabbe Disease	GALC Enzyme	Within Normal Limits	Normal	
MPSI	IDUA Enzyme	Within Normal Limits	Normal	
Pompe Disease	GAA Enzyme	Within Normal Limits	Normal	

Additional Screening Results*

Disorder	Date Performed	Method	Result
Hearing Impairment Screening	Not Provided	Not Provided	Left Ear = Not Provided
			Right Ear = Not Provided
Critical Congenital Heart Disease	Not Provided	Oxygen Saturation	Pass

* The information in this table was taken from the Newborn screening collection device. This testing was not performed at the Georgia Public Health Laboratory. Contact submitting provider with any questions.

The purpose of the Georgia Newborn Screening program is to identify infants at risk for a panel of disorders. These are screening tests, and the results can be affected by multiple factors. The results are provided only to help detect a targeted disorder, and are not intended to be diagnostic. A normal newborn screen does not rule out the presence of disease. All clinical symptoms suggestive of a metabolic disorder should be evaluated further.

SCID, SMA and XALD tests were developed and performance characteristics established by the Georgia Public Health Laboratory.

For a list of the 33 disorders screened and infomation on the testing protocols, go to **http://dph.georgia.gov/newborn-screening-unit**
For additional information on newborn screening, go to **http://health.state.ga.us/programs/nsmscd/overview/asp**
To obtain copies of newborn screening laboratory reports, go to **https://ereports.ga.gov**

7/18/2025 8:13:06 AM

FAX COVER SHEET

To:	**From:** Emory Healthcare
Company:	**Date:** 07/13/25 11:59:27 AM
Fax Number: 470-731-7797	**Pages (Including cover):** 2
Re: FAX MESSAGE	

Notes:

EMORY HEALTHCARE

Medical Laboratories

Morain, Boy 19564504
M, 0 dys, 7/13/2025

Atlanta Birth Center
Fax #: 470-731-7797
Atlanta Birth Center
1 Baltimore Place N. W.
ATLANTA GA 30308

Authorizing Provider

Braden, Andrea Leigh, MD	F: 470-731-7797

Cord Blood Evaluation (Preliminary result)

	Value	Range
Cord ABORh Interp	A POS	

Blood specimen 25EM-194B0033 from Blood, cord Unspecified. Ordered by Braden, Andrea Leigh, MD. Authorized by Braden, Andrea Leigh, MD. Collected: 7/13/2025 0707 Received: 1144. Verified: 7/13/2025 1159. Resulted by EUHM Blood Bank.

CC Recipients

Atlanta Birth Center (Fax: 470-731-7797), Braden, Andrea Leigh, MD (Fax: 470-731-7797)

FAX COVER SHEET

To:	**From:** Emory Healthcare
Company:	**Date:** 07/13/25 12:00:40 PM
Fax Number: 470-731-7797	**Pages (Including cover):** 2
Re: FAX MESSAGE	

Notes:

EMORY HEALTHCARE

Medical Laboratories

Morain, Boy 19564504
M, 0 dys, 7/13/2025

Braden, Andrea Leigh, MD
1 Baltimore Pl NW, Ste 105
ATLANTA GA 30308
Fax #: 470-731-7797
Atlanta Birth Center
1 Baltimore Place N. W.
ATLANTA GA 30308

Authorizing Provider

Braden, Andrea Leigh, MD	F: 470-731-7797

Cord Blood Evaluation (Final result)

	Value	Range
Cord ABORh Interp	A POS	
Cord DAT Interp	NEG	

Blood specimen 25EM-194B0033 from Blood, cord Unspecified. Ordered by Braden, Andrea Leigh, MD. Authorized by Braden, Andrea Leigh, MD. Collected: 7/13/2025 0707 Received: 1144. Verified: 7/13/2025 1200. Resulted by EUHM Blood Bank.

CC Recipients

Atlanta Birth Center (Fax: 470-731-7797)

FAX COVER SHEET

To:	**From:** Emory Healthcare
Company:	**Date:** 07/13/25 12:00:37 PM
Fax Number: 470-731-7797	**Pages (Including cover):** 2
Re: FAX MESSAGE	

Notes:

EMORY HEALTHCARE

Medical Laboratories

Morain, Boy 19564504
M, 0 dys, 7/13/2025

Atlanta Birth Center
1 Baltimore Place N. W.
ATLANTA GA 30308
Fax #: 470-731-7797
Atlanta Birth Center
1 Baltimore Place N. W.
ATLANTA GA 30308

Authorizing Provider

Braden, Andrea Leigh, MD	F: 470-731-7797

Cord Blood Evaluation (Final result)

	Value	Range
Cord ABORh Interp	A POS	
Cord DAT Interp	NEG	

Blood specimen 25EM-194B0033 from Blood, cord Unspecified. Ordered by Braden, Andrea Leigh, MD. Authorized by Braden, Andrea Leigh, MD. Collected: 7/13/2025 0707 Received: 1144. Verified: 7/13/2025 1200. Resulted by EUHM Blood Bank.

CC Recipients

Atlanta Birth Center (Fax: 470-731-7797), Braden, Andrea Leigh, MD (Fax: 470-731-7797)

FAX COVER SHEET

To:	**From:** Emory Healthcare
Company:	**Date:** 07/13/25 12:00:11 PM
Fax Number: 470-731-7797	**Pages (Including cover):** 2
Re: FAX MESSAGE	

Notes:

EMORY HEALTHCARE

Medical Laboratories

Morain, Boy 19564504
M, 0 dys, 7/13/2025

Braden, Andrea Leigh, MD
1 Baltimore Pl NW, Ste 105
ATLANTA GA 30308
Fax #: 470-731-7797
Atlanta Birth Center
1 Baltimore Place N. W.
ATLANTA GA 30308

Authorizing Provider

Braden, Andrea Leigh, MD	F: 470-731-7797

Cord Blood Evaluation (Preliminary result)

	Value	Range
Cord ABORh Interp	A POS	

Blood specimen 25EM-194B0033 from Blood, cord Unspecified. Ordered by Braden, Andrea Leigh, MD. Authorized by Braden, Andrea Leigh, MD. Collected: 7/13/2025 0707 Received: 1144. Verified: 7/13/2025 1159. Resulted by EUHM Blood Bank.

CC Recipients

Atlanta Birth Center (Fax: 470-731-7797)

Fred. Nav typ- please print label to Genn 4RA

EMORY

MORAIN, BOY
19564504 7/13/2025 0 dys M
CSN:205446541 Loc:U

S 25EM-19480038.1 1033650751
Col:7/13/25 0707 Lav 4 mL By:U
S:Blood, Cord
CordBld Eval

ABO, DAT: Neg
NF 07/13/25

STAT

Submitter: EML Atlanta Birth Center

1 Baltimore Place, Suite 105, Atlanta GA 30308 | PH: 404-474-4297 | Fax: 470-731-7797

ABC TEAM: PLEASE FAX REQ TO SIDE A @ 404-712-5567 (or SIDE B @ 404-712-5567)

Required Patient Information:

Morain, boy
Last First Middle

D.O.B. 7/13/25 Sex: (M) / F

MRN# 219597

Required ICD -10 Code(s):

- ☐ P59.9—Fetal and neonatal jaundice
- ☐ P74.1—Dehydration of newborn
- ☐ P61.9—Bandemia in newborn
- ☒ Z37.0—Assisted single delivery
- ☐ Other: _____, _____, _____

Required Specimen Information:

User I.D. Kendall Biegel, RN

Collection Date: 7/13/25 Time: 0707 (AM)/PM

_____
(Signature)

Billing Information:

☒ **Client Bill**

Required Ordering Provider Information:

☒ **Braden, Andrea MD**

☐ Other: _____
Please Print (Last, First)

_____
(Signature)

Hematology Tests
Specimen Requirements:
Lavender Plastic/EDTA tube.
Mix thoroughly by inverting 10 times, immediately after drawing.

- CBC (includes platelet not differential)
- Manual Differential
- Hematocrit
- Hemoglobin
- Platelet Count

Chemistry Tests
Specimen Requirements:
Green Lithium Heparin tube.
Hemolyzed specimens are *unacceptable.*

- CP Basic
- CP Comp
- Total Bilirubin
- Fractionated Bilirubin

Blood Bank Tests
Specimen Requirements:
Lavender and Red Tube.

- Cord Blood Study (reflex Total Bilirubin if DAT positive)

Mother's name: Morain, Ecclesia

Mother's DOB: 5/8/95

Mother's Blood Type: O (POS) / NEG

Other Tests

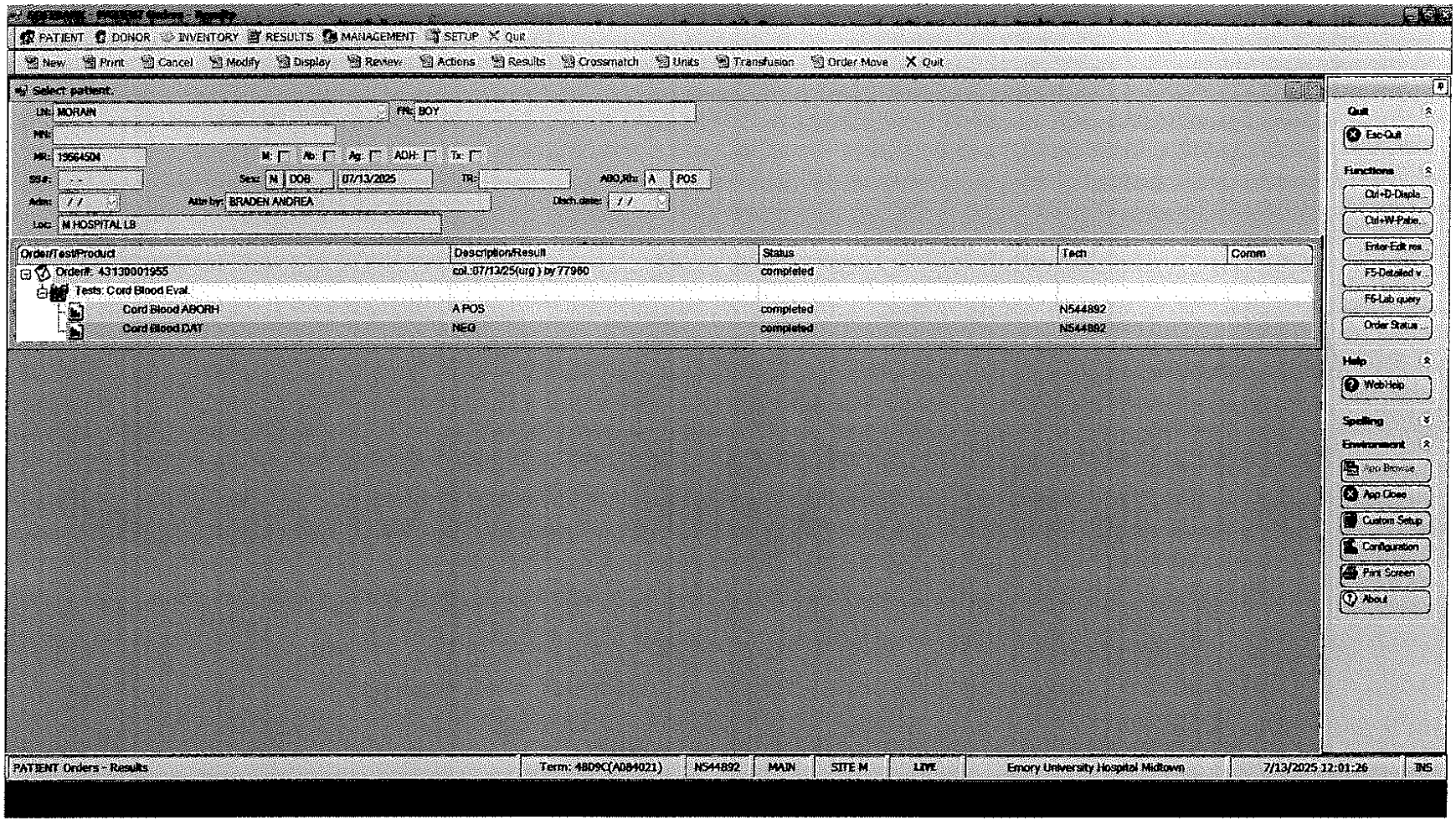
_____

_____

Emory Medical Laboratory
1364 Clifton Road
Atlanta, Georgia 30322

John Roback, MD, PhD, Medical Director of Emory Medical Laboratories

Phone: 404-712-5227
Fax: 404-712-5567
Rev 05/23


PATIENT DONOR INVENTORY RESULTS MANAGEMENT SETUP Quit
New Print Cancel Modify Display Review Actions Results Crossmatch Units Transfusion Order Move Quit
Select patient
LN: MORAIN FN: BOY
MR: 1956450 M Ab Ag ADH Tx
SS#: Sex: M DOB: 07/13/2025 TR: ABO,Rh: A POS
Adm: / / Attn by: BRADEN ANDREA Disch. date: / /
Loc: M HOSPITAL LB
Order/Test/Product
Description/Result
Status
Tech
Comm
Order#: 43130001955
col.:07/13/25(urg.) by 77960
completed
Tests: Cord Blood Eval.
Cord Blood ABORH
A POS
completed
N544892
Cord Blood DAT
NEG
completed
N544892
Quit
Esc-Quit
Functions
Ctrl+D-Displa...
Ctrl+W-Patie...
Enter-Edit res...
F5-Detailed v...
F6-Lab query
Order Status ...
Help
WebHelp
Spelling
Environment
App Browse
App Close
Custom Setup
Configuration
Print Screen
About
PATIENT Orders - Results
Term: 48D9C(A084021)
N544892
MAIN
SITE M
LIVE
Emory University Hospital Midtown
7/13/2025 12:01:26
INS

FAX COVER SHEET

To:

From: Emory Healthcare

Company:

Date: 07/13/25 02:00:09 PM

Fax Number: 470-731-7797

Pages (Including cover): 2

Re: FAX MESSAGE

Notes:

EMORY HEALTHCARE

Medical Laboratories

Morain, Boy 19564504
M, 0 dys, 7/13/2025

Atlanta Birth Center
Fax #: 470-731-7797
Atlanta Birth Center
1 Baltimore Place N. W.
ATLANTA GA 30308

Authorizing Provider

Braden, Andrea Leigh, MD	F: 470-731-7797

Cord Blood Evaluation (Final result)

	Value	Range
Cord ABORh Interp	A POS	
Cord DAT Interp	NEG	

Blood specimen 25EM-194B0033 from Blood, cord Unspecified. Ordered by Braden, Andrea Leigh, MD. Authorized by Braden, Andrea Leigh, MD. Collected: 7/13/2025 0707 Received: 1144. Verified: 7/13/2025 1200. Resulted by EUHM Blood Bank.

CC Recipients

Atlanta Birth Center (Fax: 470-731-7797), Braden, Andrea Leigh, MD (Fax: 470-731-7797)

FAX COVER SHEET

To:

From: Emory Healthcare

Company:

Date: 07/13/25 11:59:26 AM

Fax Number: 470-731-7797

Pages (Including cover): 2

Re: FAX MESSAGE

Notes:

EMORY HEALTHCARE

Medical Laboratories

Morain, Boy 19564504
M, 0 dys, 7/13/2025

Atlanta Birth Center
1 Baltimore Place N. W.
ATLANTA GA 30308
Fax #: 470-731-7797
Atlanta Birth Center
1 Baltimore Place N. W.
ATLANTA GA 30308

Authorizing Provider

Braden, Andrea Leigh, MD	F: 470-731-7797

Cord Blood Evaluation (Preliminary result)

	Value	Range
Cord ABORh Interp	A POS	

Blood specimen 25EM-194B0033 from Blood, cord Unspecified. Ordered by Braden, Andrea Leigh, MD. Authorized by Braden, Andrea Leigh, MD. Collected: 7/13/2025 0707 Received: 1144. Verified: 7/13/2025 1159. Resulted by EUHM Blood Bank.

CC Recipients

Atlanta Birth Center (Fax: 470-731-7797), Braden, Andrea Leigh, MD (Fax: 470-731-7797)