DOB: Age:

Sex:

Current Result and Flag

Patient Report

Provious Posult and Date

labcorp

Poforonco Intorval

Unite

Patient ID: Specimen ID:

Account Number: Ordering Physician:

Ordered Items: Anti-Mullerian Hormone (AMH); Drawing Fee

Date Reported: Date Collected: Date Received: Fasting: No

Anti-Mullerian Hormone (AMH)

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interva
Anti-Mullerian Hormone (AMH) 01	3.07		ng/mL	
	For assays employing antibod	ies, the possibility exists for		
	interference by heterophile antibodies in the samples.1			
	interveness by meter opinize	antibodies in the campion.		
	1.Kricka L. Interferences i	n Immunoassays - still a threat.		
	Clin. Chem. 2000; 46: 1037-	1038.		
	This test was developed and	its performance characteristics		
	·	s not been cleared or approved		
	by the Food and Drug Adminis	• •		
	Reference Range:			
	Females 20 - 25y: 1.23 - 11.	51		
	Median 4.70			
	AMH concentrations of $>= 1.0$	6 ng/mL is correlated with a		
	better response to ovarian s	timulation, produced more		
	retrievable oocytes and high	er odds of live birth according		
	to Gleicher et al. Fertilit	y and Sterility. 2010:		
	94:2824-2827. The current A	MH test method correlates with		
	the study method with a slop	e of 0.94.		
	Females at risk of ovarian h	yperstimulation syndrome or		
	polycystic ovarian syndrome	•		
		AMH levels from PCOS patients		
	,	an age-appropriate reference		
	interval values.			

Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the result to the patient.

Granulosa cell tumors of the ovary may secrete AMH along with other tumor markers. Elevated AMH is not specific for malignancy, and the assay should not be used exclusively to

diagnose or exclude an AMH-secreting ovarian tumor.

Icon Legend

Performing Labs

labcorp Date Issued Final Report Page 1 of 2

Patient Report

Account Number:

Ordering Physician:

labcorp

Patient Details

Patient ID:

Specimen ID:

Phone: Date of Birth: Age:

Sex: Patient ID:

Alternate Patient ID:

Physician Details

Request A Test 7027 Mill Road Suite 201, BRECKSVILLE, OH, 44141

Phone: **888-732-2348**Physician ID:

NPI:

DOB:

Age:

Sex:

Specimen Details Specimen ID: Control ID:

Alternate Control Number:

Date Collected: Date Received: Date Entered: Date Reported:

Rte:

 Iabcorp
 Date Issued
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