

500 Chipeta Way, Salt Lake City, Utah 84108-1221

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Jonathan R. Genzen, MD, PhD, Chief Medical Officer

Patient Age/Sex: 57 years Female

Specimen Collected: 2/6/2025 15:01 MST

Alzheimer's Disease Markers, CSF | Received: 2/6/2025 15:22 MST Report/Verified: 2/6/2025 15:26 MST

Procedure	Result	Units	Reference Interval
Phospho-Tau(181)/Abeta42 Ratio, CSF	0.048 <sup># f1</sup>		[<=0.023]
Total-Tau/Abeta42 Ratio, CSF	0.520 <sup># f2 i1</sup>		[<=0.280]

**Result Footnote**

- f1: Phospho-Tau(181)/Abeta42 Ratio, CSF  
A positive result, defined as pTau181/Abeta42 ratio value above cutoff, is consistent with a positive amyloid PET scan result. A positive result does not establish a diagnosis of AD or other cognitive disorder.
- f2: Total-Tau/Abeta42 Ratio, CSF  
A positive result, defined as tTau/Abeta42 ratio value above cutoff, is consistent with a positive amyloid PET scan result. A positive result does not establish a diagnosis of AD or other cognitive disorder.

**Test Information**

- i1: Total-Tau/Abeta42 Ratio, CSF  
Interpretive information: Total-Tau/Abeta42 Ratio, CSF

CSF panel is intended for use in adult patients aged 55 years and older being evaluated for Alzheimers disease (AD) and other causes of cognitive impairment. The pTau181/Abeta42 and tTau/Abeta42 ratios provide better concordance with amyloid positron emission tomography (PET) imaging when compared to Abeta42, pTau181, and tTau individually.

Limitations: Failure to adhere to the sample collection instructions provided in the Lab Test Catalog may result in falsely reduced Abeta42 concentrations and therefore false elevations in the reported ratios. The ratios reported have not been established for predicting development of dementia or other neurologic conditions or for monitoring responses to therapies. Results of this test must always be interpreted in the context other clinical diagnostic evaluations and should not be used alone to establish a diagnosis of AD or other cognitive disorder.

Methodology: Roche Diagnostics Inc. electrochemiluminescence assay was used. Results obtained with different assay methods or kits may be different and cannot be used interchangeably.

\*=Abnormal, #=Corrected, C=Critical, f=Result Footnote, H-High, i-Test Information, L-Low, t-Interpretive Text, @=Performing lab

**Unless otherwise indicated, testing performed at:**

**ARUP Laboratories**

500 Chipeta Way, Salt Lake City, UT 84108

Laboratory Director: Jonathan R. Genzen, MD, PhD

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