

### Patient Details

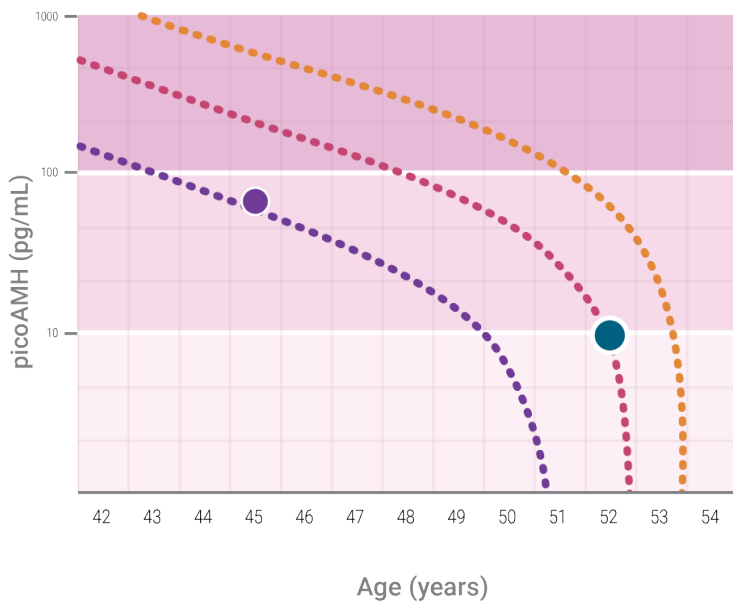
First Name : Janice  
 Last Name : Doe  
 Patient ID : 9874566  
 D.O.B : 11/05/1974  
 Age : +45 Years

### Sample Details

Type : Serum  
 Date of Collection : 09/08/2020  
 Date of Receiving : 09/08/2020  
 Date of Reporting : 09/08/2020

### Menopause Status Test Result

Test Name	Test Date	AMH Value	Status Interpretation*
MenoCheck picoAMH	09/16/2020	80	<5 Years to FMP



AMH Conc. pg/mL	Menopausal Status	Time to final Menstrual Period (FMP)
>100	Pre Menopause	>5 Years to FMP
99.9-10	Peri Menopause	<5 Years to FMP
<10	Post Menopause	At FMP or Later

● Log. (25<sup>th</sup> Percentile)     
 ● Log. (75<sup>th</sup> Percentile)     
 ● Log. (Median)

● **Your status**     
 ● **The Median age of women reaching FMP**

#### What is the Menocheck test?

Menocheck is an FDA-cleared test intended to be used as an aid in the determination of menopausal status in women between 42 to 62 years of age. Menocheck provides valuable additional information to support a clinician's efforts to determine when a woman will have her final menstrual period (FMP). This test should be used in conjunction with other clinical and laboratory findings.

## Reference range

Age	picoAMH percentile (age-based reference)					
	5 <sup>th</sup>	25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	95 <sup>th</sup>	CI <sup>1</sup>
42.9-44.9	<6	100	390	1200	2900	2200-3500
45.0-49.9	<6	<6	75	290	640	700-1500
50.0-54.9	<6	<6	<6	16	98	160-350
55-62.4	<6	<6	<6	<6	28	6-110

Confidence interval of the 95th centile

### How was Menocheck developed to predict the age at FMP?

AMH concentrations decrease as a woman ages. The Menocheck reference ranges were determined in a longitudinal, multi-center study called SWAN (Study of Women's Health Across Nation). The SWAN study monitored many changes in women's health as they went through the menopausal transition and has continued to study them well beyond their FMP. SWAN examined serial serum AMH values from the same women year after year from well before menopause until well after, to generate the information necessary to demonstrate the predictive value of AMH. The FMP for each woman in the SWAN Study was assigned retrospectively after 12 months of amenorrhea (the clinical definition of natural menopause). Menopausal categories for assigning status were based on the approximate time to FMP. Three menopausal categories were defined based on the time to FMP: Pre Menopause (>5 years from FMP), Peri Menopause (<5 years from FMP) and Post Menopause (at FMP or later). Your report indicates the approximate time to your FMP expected based on the Menocheck test result.

### What are the reasons for falsely low and falsely high Menocheck results?

- ▶ During the menopausal transition, pituitary, gonadal, and sex steroid hormone levels will vary considerably. A Menocheck result that appears too high or too low relative to the patient's clinical presentation is recommended to be repeated.
- ▶ A serum AMH concentration that is inappropriately higher than expected relative to the patient age and clinical presentation may indicate residual ovarian activity in the absence of ovulation and a menstrual period. A woman may still have some ovarian activity after her menopause was clinically defined by amenorrhea of >12 consecutive months.
- ▶ A serum AMH concentration that is inappropriately lower than expected relative to the patient age and clinical presentation may indicate long term use of oral contraceptives or longstanding amenorrhea.

### What are the risks associated with falsely low or falsely high Menocheck results?

Inaccurate test results in which the serum AMH concentration is reported higher than expected for age or relative to other clinical findings and laboratory results may mislead a clinician into believing that a woman is not post-menopausal. Such a patient might be counseled to continue hormonal or other forms of contraception when it is no longer necessary. Inaccurate test results in which the serum AMH concentration is reported lower than expected for age or relative to other clinical findings and laboratory results may lead to recommendations to 1) discontinue contraception when it is still necessary to prevent pregnancy, 2) prescribe hormone therapy inappropriately, or 3) preserve fertility by harvesting and freezing one's eggs or embryos. Risk is mitigated by other clinical features which if disparate with a high AMH would indicate the need to re-examine the patient and re-test AMH.

#### References

[Menocheck.com](https://www.menocheck.com)  
[Anshlabs.com](https://www.anshlabs.com)

The Journal of Clinical Endocrinology & Metabolism, dgz283,  
<https://doi.org/10.1210/clinem/dgz283>