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REPORT

Name	: **Mrs. GOPIKA**	Sample ID	: 19153778
Age/Gender	: **36 Years/Female**	Reg. No	: 0252107050002
Referred by	: Dr. Vamsha Shree	SPP Code	: SPL-STS-262
Referring Customer	: MARK DIAGNOSTICS	Collected On	: 05-Jul-2021 06:00 PM
Primary Sample	: Whole Blood	Received On	: 05-Jul-2021 11:34 PM
Sample Tested In	: Serum	Reported On	: 07-Jul-2021 06:50 PM
Client Address	: NAGARJUNA NAGAR COLONY	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Double Marker				
Free β hCG	78.41	ng/mL	Refer Table	CLIA
Pregnancy Associated Plasma Protein-A(PAPP-A)	1.33	mIU/mL	Refer Table	CLIA

Interpretation:

WEEKS OF GESTATION	HCG, FREE BETA MEDIANS (ng/ml)	PAPP-A MEDIANS (mIU/ml)
9	74.75	0.90
10	59.99	1.40
11	48.14	2.19
12	38.64	3.42
13	31.01	5.34
NON PREGNANT	< 2.00	< 0.10

DISORDER	SCREEN POSITIVE CUT OFF
Trisomy 21 (Down)	1:250
Trisomy 18/13	1:100

Note: Statistical evaluation has been done using CE marked PRISCA 5 software. · Screening tests are based on statistical analysis of patient demographic and biochemical data. They simply indicate a high or low risk category. Confirmation of screen positives is recommended by Chorionic Villus Sampling (CVS). · The interpretive unit is MoM (Multiples of Median) which takes into account variables such as gestational age (ultrasound), maternal weight, race, insulin dependent Diabetes, multiple gestation, IVF (Date of Birth of Donor, if applicable), smoking & previous history of Down syndrome. Accurate availability of this data for Risk Calculation is critical. · Ideally all pregnant women should be screened for Prenatal disorders irrespective of maternal age. The test is valid between 9-13.6 weeks of gestation, but ideal sampling time is between 10-13 weeks gestation. · First trimester detection rate of Down syndrome is 60% with a false positive rate of 5%. A combination of Nuchal translucency, Nasal bone visualization and biochemical tests (Combined test) increases the detection rate of Down syndrome to 85% at the same false positive rate.

Comments: First trimester screening for Prenatal disorders (Trisomy 21, 18 & 13) is essential to identify those women at sufficient risk for a congenital anomaly in the fetus to warrant further evaluation and followup. For Open neural tube defects, second trimester screening before 20 weeks is recommended. These are screening procedures which cannot discriminate all affected pregnancies from all unaffected pregnancies. Screening cutoffs are established by using MoM values that maximize the detection rate and minimize false positives.

Correlate Clinically.

*** End Of Report ***

R.J. Vaishnavi
DR. Vaishnavi
MD, Biochemistry

*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD