Name	: **Mrs. AKANSHA GAIKWAD**	Sample ID	: 23127142
Age/Gender	: **21 Years/Female**	Reg. No	: 0352202150160
Referred by	: Dr. SELF	SPP Code	: SPL-PU-002
Referring Customer	: SPAN DIAGNOSTICS LABS	Collected On	: 15-Feb-2022 06:20 AM
Primary Sample	: Whole Blood	Received On	: 16-Feb-2022 12:35 PM
Sample Tested In	: Serum	Reported On	: 16-Feb-2022 06:23 PM
Client Address	: Ganeshame Near Govind Garden Chowk Pimpl	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method

PDF Attached

Double Marker

Free β hCG	45.27	ng/mL	Refer Table	CLIA
Pregnancy Associated Plasma Protein-A(PAPP-A)	2.58	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

SAGAPATH LABS PVT LTD.,

Prisca 5.1.0.17

Date of report: 16/02/22

Patient data

Name	Mrs. AKANSHA GAIKWAD	Patient ID	0352202150160
Birthday	30/03/01	Sample ID	23127142
Age at sample date	20.9	Sample Date	15/02/22
Gestational age	12 + 0		

Correction factors

Fetuses	1	IVF	no	Previous trisomy 21 pregnancies	unknown
Weight	52.4	diabetes	no		
Smoker	no	Origin	Asian		

Biochemical data

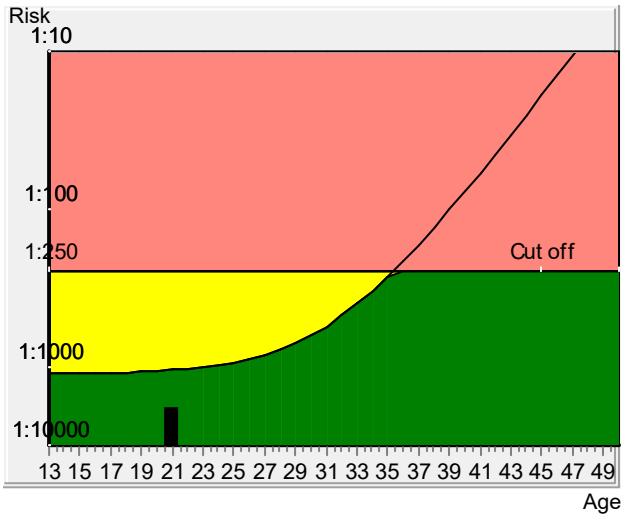
Parameter	Value	Corr. MoM
PAPP-A	2.58 mIU/mL	0.69
fb-hCG	45.27 ng/mL	0.92

Risks at sampling date

Age risk	1:1056
Biochemical T21 risk	1:3451
Combined trisomy 21 risk	<1:10000
Trisomy 13/18 + NT	<1:10000

Ultrasound data

Gestational age	12 + 0
Method	CRL Robinson
Scan date	15/02/22
Crown rump length in mm	56.6
Nuchal translucency MoM	0.87
Nasal bone	present
Sonographer	DR AMER NAVEED
Qualifications in measuring NT	MD



Trisomy 21

The calculated risk for Trisomy 21 (with nuchal translucency) is below the cut off, which indicates a low risk.

After the result of the Trisomy 21 test (with NT) it is expected that among more than 10000 women with the same data, there is one woman with a trisomy 21 pregnancy.

The calculated risk by PRISCA depends on the accuracy of the information provided by the referring physician.

Please note that risk calculations are statistical approaches and have no diagnostic value!

The patient combined risk presumes the NT measurement was done according to accepted guidelines (Prenat Diagn 18: 511-523 (1998)).

The laboratory can not be hold responsible for their impact on the risk assessment ! Calculated risks have no diagnostic value!

Trisomy 13/18 + NT

The calculated risk for trisomy 13/18 (with nuchal translucency) is < 1:10000, which represents a low risk.

Sign of Physician

below cut off | Below Cut Off, but above Age Risk | above cut off