

REPORT

Name	: Ms. JONALI DEVI	Sample ID	: A0112753
Age/Gender	: 22 Years/Female	Reg. No	: 0692402200197
Referred by	: Dr. SWETA BHANSALI JAIN	SPP Code	: SPL-AS-006
Referring Customer	: HEALTH ZONE	Collected On	: 20-Feb-2024 01:47 PM
Primary Sample	: Whole Blood	Received On	: 21-Feb-2024 01:35 PM
Sample Tested In	: Serum	Reported On	: 21-Feb-2024 05:48 PM
Client Address	:	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Double Marker				
Free -Beta -HCG	47.11	ng/mL	< 2 :Non-Pregnant 5.4 - 393.4 : Pregnant	CLIA
PAPP-A	5.32	mIU/mL	< 0.1 : Non-Pregnant 0.1-19.5 : Pregnant	CLIA

Interpretation:

DISORDER	SCREEN POSITIVE/HIGH RISK CUT OFF
Trisomy 21 (Down)	< 1:250
Trisomy 18/13	< 1:100
DISORDER	SCREEN NEGATIVE/LOW RISK 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 ***



DR. VAISHNAVI
MD BIOCHEMISTRY

Date of report: 21-02-2024

Prisca 5.1.0.17

Patient data		Ultrasound data	
Name	Ms. JONALI DEVI	Gestational age at sample date	12 + 2
Birthday	25-07-2002	Method	Scan
Age at sample date	21.6	Scan date	06-02-2024
Patient ID	0692402200197		
Correction factors			
Fetuses	1	IVF	no
Weight in kg	60	diabetes	no
Smoker	no	Origin	Asian
		Previous trisomy 21 pregnancies	unknown
Pregnancy data		Parameter	Value
Sample Date		20-02-2024	PAPP-A
			5.32mIU/mL
		fb-hCG	47.11ng/mL
			1.48
			1.07
Risks at sampling date			
Age risk at sampling date		1:1055	Trisomy 21
Overall population risk		1:600	Trisomy 13/18
			<1:10000
			<1:10000
Risk		Trisomy 21	
		The calculated risk for Trisomy 21 is below the cut off which represents a low risk. After the result of the Trisomy 21 test 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!	
Trisomy 13/18			
The calculated risk for trisomy 13/18 is < 1:10000, which indicates a low risk.			

Sign of Physician