

**LABORATORY TEST REPORT**

Name	: Mrs. NADIYA SAMREEN		
Sample ID	: A0607976	Reg. No	: 0482501010075
Age/Gender	: 32 Years/Female	SPP Code	: SPL-BH-110
Referred by	: Dr. T.AHMAD	Collected On	: 01-Jan-2025 03:28 AM
Referring Customer	: S.M HOSPITAL	Received On	: 02-Jan-2025 07:46 AM
Primary Sample	: Whole Blood	Reported On	: 03-Jan-2025 06:00 PM
Sample Tested In	: Serum	Report Status	: Final Report
Client Address	: OPPO PETROL PUMP,SHANTI KUNJ HARUN NAGA		

**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Biological Reference Interval
Alkaline Phosphatase(ALP) <small>(Method: Kinetic PNPP-AMP)</small>	75	U/L	30-120

**Interpretation :**

- Alkaline phosphatase (ALP) is an enzyme found in many body tissues such as liver, bile ducts, bone, and intestine. There are several different forms of ALP called isoenzymes. The structure of the enzyme depends on where in the body it is produced. This test is most often used to test ALP made in the tissues of the liver and bones.
- Higher-than-normal ALP levels:**
  - Biliary obstruction
  - Eating a fatty meal if you have blood type O or B
  - Bone diseases
  - Hepatitis
- Lower-than-normal levels of ALP:**
  - Hypophosphatasia
  - Malnutrition
  - Protein deficiency


**Excellence In Health Care**


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Test Name	Results	Units	Biological Reference Interval
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[PDF Attached](#)
**Triple Marker**

Alpha FetoProtein (Method: CLIA)	29.5	ng/mL	Refer to Interpretation
Beta- Human Chorionic Gonadotropin Hormone (Method: CLIA)	183840.00	mIU/mL	Refer to Interpretation
Unconjugated Estriol (uE3) (Method: CLIA)	0.99	ng/mL	Refer Interpretation

Risk analysis for Trisomy 21 is 1:197, and is positive. HCG level is high.

Adv: FISH , NIPT and amniocentesis at 14-16 weeks of gestation.

**Interpretation of Results:**

1:250 risk means 1 out of 250 women having similar results and history, one may have abnormality

- Trisomy 21 (Down's syndrome) : Screen Positive/High Risk: <1:250 : Screen Negative/Low Risk:>1:250
- Trisomy 18;(Edward syndrome) : Screen Positive/High Risk: <1:250 : Screen Negative/Low Risk:>1:250
- Neural tube defects: cut-off 2.5 MoM of AFP

MoM (Multiples of Median): is a measure of how far an individual test result deviates from the median (medians are generated from the Indian subpopulation)

WEEKS OF GESTATION	AFP MEDIANs (ng/mL)	HCG MEDIANs (mIU/mL)	ESTRIOL FREE, MEDIANs (ng/mL)
14	27.20	40370	0.37
15	32.01	32200	0.55
16	37.67	25690	0.76
17	44.33	20490	1.00
18	52.16	16340	1.25
19	61.38	13040	1.50
20	72.33	10400	1.76
21	85.00	8295	1.99
22	100.02	6620	2.30

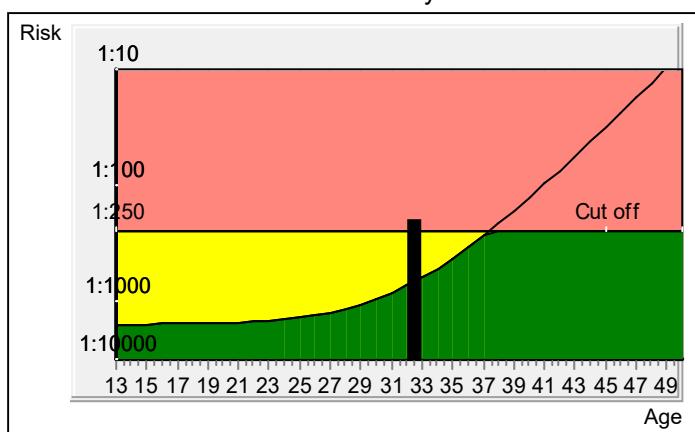
\*\*\* End Of Report \*\*\*



Results for:  
Mrs. NADIYA SAMREENSample no  
A0607976Date of report:  
03/01/25

Referring Doctors

## Summary



Patient data	
Age at delivery	32.5
WOP	14 + 2
Weight	64 kg
Patient ID	0482501010075
Ethnic origin	Asian

Risks at term	
Biochemical risk for Tr.21	1:197
Age risk:	1:682
Neural tube defects risk	1:3559

For Mrs. NADIYA SAMREEN, born on 28-12-1992, a screening test was performed on the 01-01-2025. Prisca screens for Trisomy 21, Trisomy 18 and Neural tube defects (NTD).

## TRISOMY 21 SCREENING

**The calculated risk for Trisomy 21 is above the cut off which represents an increased risk.**

After the result of the Trisomy 21 test it is expected that among 197 women with the same data, there is one woman with a trisomy 21 pregnancy and 196 women with not affected pregnancies.

The HCG level is high.

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!

## MEASURED SERUM VALUES

	Value	Corr. MoMs
AFP	29.5 ng/mL	1.21
HCG	183840 mIU/mL	4.47
uE3	0.99 ng/mL	3.72
Gestation age	14+ 2	
Method	Scan	

The MoMs have been corrected according to:  
maternal weight  
ethnic origin

## TRISOMY 18 SCREENING

**The calculated risk for trisomy 18 is < 1:10000, which indicates a low risk.**

## NEURAL TUBE DEFECTS (NTD) SCREENING

**The corrected MoM AFP (1.21) is located in the low risk area for neural tube defects.**



Risk above  
Cut off



Risk above  
Age risk



Risk below  
Age risk