DEPARTMENT OF IMMUNOFLUOROMETRY

MATERNAL SERUM SCREENING-1T QUAD WITH PRE ECLAMPSIA(PLGF+PAPP-A+FREE BETAHCG+AFP+NT) , *SERUM*

*__Method__ - Time resolved Immunofluorometry on Auto Delfia*__Risk ratio__ calculated using __LifeCycle 7.0__

MATERNAL DETAILS	RESULT	UNITS
NUMBER OF FETUSES	1	
WEIGHT	75.4	Kg
H/O SMOKING	NO	
ETHNIC ORIGIN	ASIAN	
LMP DATE	18/12/2024	
AGE AT TERM	24/03	YEARS/MONTHS
GESTATION AT SAMPLE DATE	12/3	
INSULIN DEPENDENT DIABETES	NO	
H/O CHRONIC HYPERTENSION	UNKNOWN	
MAP	98.33	mm/Hg

USG DETAILS		
DATE OF ULTRASOUND	04/03/2025	
GESTATIONAL AGE ON USG	11/0	WEEKS/DAYS
NUCHAL TRANSLUCENCY (NT)		mm
UTERINE ARTERY PI MoM		

BIOCHEMICAL RESULTS	RESULT	UNITS	CORR. MOM	METHOD
PAPP-A	3830	mIU/L	1.78	Delfia-Immunoflourometry
BETA HCG	19.5	ng/mL	0.63	Delfia-Immunoflourometry
PLGF	122	pg/mL	1.95	Delfia-Immunoflourometry
ALPHA FETOPROTEIN (AFP)	17.1	U/mL	1.5	Delfia-Immunoflourometry

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DEPARTMENT OF IMMUNOFLUOROMETRY

DISORDER - ANEUPLOIDY SCREEN	RISK RATIO	RISK CATEGORY	SCREEN RESULT
DOWN'S SYNDROME	1:100000	LOW	SCREEN NEGATIVE
EDWARD'S SYNDROME	1:100000	LOW	SCREEN NEGATIVE
PATAU'S SYNDROME	1:100000	LOW	SCREEN NEGATIVE
DISORDER - PRE ECLAMPSIA SCREEN	**RISK RATIO**	**CUT OFF**	**RISK CATEGORY**
PE <32 WEEKS	1:13996	1:100	LOW
PE <37 WEEKS	1:342	1:100	LOW

FIRST TRIMESTER QUAD

Interpretation:-

1. The risks are calculated based on ultrasound gestational age, biochemical results, NT measurement, patient demographics and other risk factors such as IDD.
2. Patient specific risks are generated as analytical MoM (Multiples of Median) values, using Fetal Medicine Foundation (FMF) approved assays and software LIFECYCLE version 7.0 from Perkin Elmer.
3. A screen positive result occurs when the risk for Down's syndrome exceeds 1:250, when risk for Trisomy 13, Trisomy 18, Turner's syndrome exceeds 1:100 or when AFP MoM exceeds 2.5.

Limitations:-

1. The results of this test represent only risks and not diagnostic outcomes. Increased risk does not mean that the baby is affected, and further tests must be performed before a firm diagnosis can be made. A low risk does not exclude possibility of Down's syndrome or other abnormalities, as risk assessement does not detect all affected pregnancies.
2. If the history provided is not correct, it is advisable to ask for repeat risk calculations.

Associated tests:-

1. Integrated (first and second trimester) maternal serum screening.
2. NIPT- Non-invasive Prenatal Screening test - from maternal blood for aneuploidy screening.

PRE ECLAMPSIA SCREEN

DEPARTMENT OF IMMUNOFLUOROMETRY

Interpretation:-

1. In normal uncomplicated pregnancy free, unbound PlGF levels increase during the first and second trimester and then decline.
2. The predictive value of Preeclampsia may vary with subjective findings such as maternal history and mean arterial blood pressure (MAP), and ultrasound marker (Uterine Artery Pulsatility Index) results can be improved by adjusting the measured PlGF level for maternal history and characteristics.
3. Effective screening for early-onset PE at 11-13 weeks can be achieved in the first-trimester of pregnancy with a DR of about 95% and a FPR of 10%, when combining PlGF results with maternal history, MAP and uAD.

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

PATIENT REPORT - Mrs.RAKSHITHA **03/04/2025**

Requestor: Self, -

REQUESTOR TYPE:	REQUESTOR:	DOCTOR:	FACILITY:
Hospital	**Self**	**-**	**-**
REQUESTOR CODE:	REQUESTOR PHONE 1:		
099	**-**		

Patient DGRL.0000446232: -, Mrs.RAKSHITHA

PATIENT ID:	LAST NAME:	FIRST NAME:	BIRTH DATE:
DGRL.0000446232	**-**	**Mrs.RAKSHITHA**	**20/06/2001**
ETHNICITY:	ADDRESS 1:	CITY:	POSTAL CODE:
Asian	**-**	**-**	**-**

Pregnancy, Calculated EDD: 23/09/2025 (MAEDD: 24.26)

MAEDD:	CALCULATED EDD:	GEST. DATE:	SELECTED GEST. METHOD:
24.26	**23/09/2025**	**17/12/2024**	**CRL**
LMP DATE:	SMOKING STATUS:	INSULIN DEP. DIABETIC:	NO. OF FETUSES:
18/12/2024	**Non smoker**	**No**	**1**
MONOZYGOUS:	CHORIONICITY:	CORRECTED BY CHORIONICITY:	FERTILIZATION DATE:
No	**-**	**-**	**-**
ASSISTANCE METHOD:	TRANSFER DATE:	EGG EXTRACTION DATE:	EGG DONOR DOB:
-	**-**	**-**	**-**
AGE AT EXTRACTION:	PAST T21 - DOWN'S SYNDROME:	PAST T18 - EDWARDS' SYNDROME:	PAST T13 - PATAU'S SYNDROME:
-	**-**	**-**	**-**
PAST CDLS - CORNELIA DE LANGE SYNDROME:	PAST SLOS - SMITH-LEMLI-OPITZ SYNDROME:	PAST TR - TRIPLOIDY:	PAST TS - TURNER'S SYNDROME:
-	**-**	**-**	**-**
RISK ASSESSED:	SCREENING PROTOCOL:		
At term	**Screening_4.0**		

Biochemistry

SAMPLE ID:	SPECIMEN COLLECTED:	WEIGHT [KG]:	GEST. AT SAMPLE DATE (W + D):
IF00635119	**14/03/2025**	**75.4**	**12 w 3 d**
SAMPLE TYPE:			
-			

Ultrasound

SCAN DATE:	CRL:	BPD:	HC:
04/03/2025	**43.1**	**-**	**-**
GEST. AT SAMPLE DATE (W + D):	CRL (#2):	BPD (#2):	HC (#2):
11 w 0 d	**-**	**-**	**-**
GEST. AT MANUAL ENTRY (W + D):	SAMPLE TYPE:	WEIGHT [KG]:	
0 w 0 d	**-**	**-**	

Blood pressure, Gest. at sample date (w + d): 12 w 3 d

TIME MEASURED:	LEFT SYST #1:	LEFT DIAST #1:	LEFT SYST #2:	LEFT DIAST #2:	MAP [MMHG]:
14/03/2025	**120**	**80**	**-**	**-**	**98.33**
WEIGHT [KG]:	RIGHT SYST #1:	RIGHT DIAST #1:	RIGHT SYST #2:	RIGHT DIAST #2:	CORR. MOM:
-	**130**	**90**	**-**	**-**	**1.13**

Tests

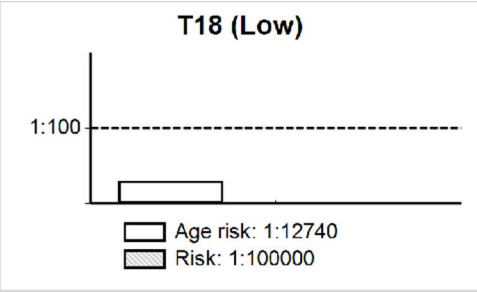
TEST	SAMPLE ID	DATE	GEST. AT SAMPLE DATE (W + D)	VALUE	UNIT	CORR. MOM	WEIGHT [KG]
AFP (Signed)	**IF00635119**	**14/03/2025**	**12 w 3 d**	**17.1**	**U/mL**	**1.51**	**75.4**
hCGb (Signed)	**IF00635119**	**14/03/2025**	**12 w 3 d**	**19.5**	**ng/mL**	**0.63**	**75.4**
PAPP-A (Signed)	**IF00635119**	**14/03/2025**	**12 w 3 d**	**3830**	**mU/L**	**1.79**	**75.4**
PlGF (Signed)	**IF00635119**	**14/03/2025**	**12 w 3 d**	**122**	**pg/mL**	**1.96**	**75.4**

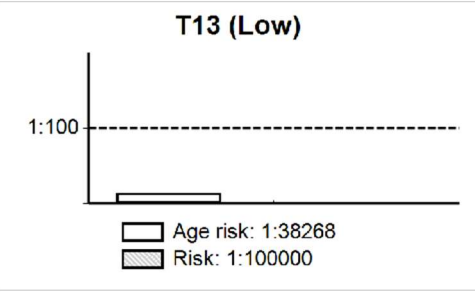
RISKS SIGNED BY: REPORT CREATED BY: REPORT CREATED AT:
03/04/2025 12:21 PM

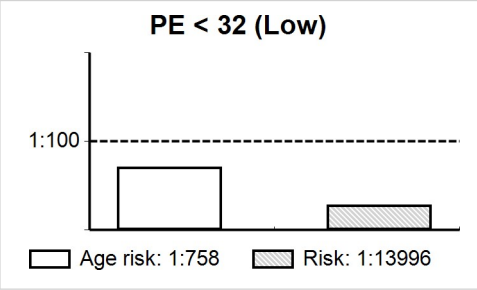
PATIENT REPORT - Mrs.RAKSHITHA **03/04/2025**

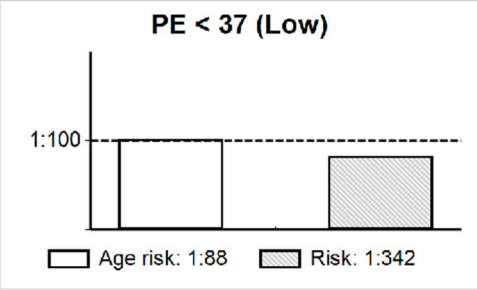
Risks, Risk assessed: At term

RISK NAME:	RISK RESULT:	RISK:	TWIN RISK RESULT:	TWIN RISK:	AGE RISK:	CUT-OFF:
T21 (Calculated)	**Low**	**1:100000**	**-**	**-**	**1:1416**	**1:250**
RISK NAME:	RISK RESULT:	RISK:	TWIN RISK RESULT:	TWIN RISK:	AGE RISK:	CUT-OFF:
T18 (Calculated)	**Low**	**1:100000**	**-**	**-**	**1:12740**	**1:100**
RISK NAME:	RISK RESULT:	RISK:	TWIN RISK RESULT:	TWIN RISK:	AGE RISK:	CUT-OFF:
T13 (Calculated)	**Low**	**1:100000**	**-**	**-**	**1:38268**	**1:100**
RISK NAME:	RISK RESULT:	RISK:	TWIN RISK RESULT:	TWIN RISK:	AGE RISK:	CUT-OFF:
PE < 32 (Calculated)	**Low**	**1:13996**	**-**	**-**	**1:758**	**1:100**
RISK NAME:	RISK RESULT:	RISK:	TWIN RISK RESULT:	TWIN RISK:	AGE RISK:	CUT-OFF:
PE < 37 (Calculated)	**Low**	**1:342**	**-**	**-**	**1:88**	**1:100**









PLEASE NOTE:

RISKS SIGNED BY: REPORT CREATED BY: REPORT CREATED AT: **03/04/2025 12:21 PM**

TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understandreporting units, reference ranges and limitation of technologies.Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of parrticulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.