

REPORT


Name : Mrs. TRIPTI YADAV
 Sample ID : B2782034
 Age/Gender : 45 Years/Female
 Referred by : Dr. MEENA SAMANT
 Referring Customer : Apollo Diagnostics
 Primary Sample : Whole Blood
 Sample Tested In : Serum
 Client Address : Dinkar Golumular.Rajendra Nagar.

Reg. No : 0482504290261
 SPP Code : SPL-BH-022
 Collected On : 29-Apr-2025 05:00 AM
 Received On : 30-Apr-2025 08:52 AM
 Reported On : 30-Apr-2025 03:19 PM
 Report Status : Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
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PDF Attached

Double Marker

Free -Beta -HCG
(Method: CLIA)

42.01 ng/mL < 2 :Non-Pregnant
 5.4 - 393.4 : Pregnant

PAPP-A
(Method: CLIA)

0.94 mIU/mL < 0.1 : Non-Pregnant
 0.1-19.5 : Pregnant

Risk analysis for Trisomy 21 is 1:174 is positive.Adv: NIPT, FISH and karyotyping

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.

*** End Of Report ***