Thyrocare

Tests you can trust

Name : Twinkle Kumari (40Y/F)

Date : 30 Mar 2025

Test Asked : Quadruple Marker Second Trimester 14-22 Week

Report Status: Complete Report

First National Diagnostic Chain to have **100% of its Labs with NABL Accreditation#**

98% Reports released within **06 Hours** of sample reaching the lab+

9 out of 10 Doctors Trust that Thyrocare reports are **Accurate & Reliable***

1200+ Tests & Profiles

Temperature-Controlled Sample Logistics

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Abnormal Values Re-Checked Twice

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Your reports are digitally verifiable

Scan the QR code inside the report to check authenticity of reported values

QR code will remain active for 30 days from report release date

Accredited by

NABL From 2005

ISO 9001: 2015 – From 2015

CAP From 2007

PROCESSED AT :
Thyrocare
D-37/1,TTC MIDC,Turbhe,
Navi Mumbai-400 703

Thyrocare
Tests you can trust

Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703 9870666333 wellness@thyrocare.com

First National Diagnostic Chain to have 100% of its Labs with NABL Accreditation#

NAME : TWINKLE KUMARI (40Y/F)
REF. BY : DR EKTA KUMARI M D
TEST ASKED : QUADRUPLE MARKER SECOND TRIMESTER 14-22 WEEK

SAMPLE COLLECTED AT :
(29855),BEGUSARAI PATHOLOGY,STATION ROAD
MANJU MARKET NEAR DR SUSHIL KUMAR
DISTRICT BEGUSARAI.,851101

Report Availability Summary

Note: Please refer to the table below for status of your tests.

1 Ready | **0** Ready with Cancellation | **0** Processing | **0** Cancelled in Lab

TEST DETAILS	REPORT STATUS
QUADRUPLE MARKER SECOND TRIMESTER 14-22 WEEK	Ready

PROCESSED AT :
Thyrocare
D-37/1,TTC MIDC,Turbhe,
Navi Mumbai-400 703

NAME : TWINKLE KUMARI (40Y/F)
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SAMPLE COLLECTED AT :
(29855),BEGUSARAI PATHOLOGY,STATION ROAD MANJU MARKET NEAR DR SUSHIL KUMAR DISTRICT BEGUSARAI.,851101

TEST NAME	TECHNOLOGY	VALUE	UNITS
INHIBIN A	C.L.I.A	238.7	pg/mL

Bio. Ref. Interval. :-

Normal cycling females (Days from LH surge)

Early Follicular Phase (-14 to - 10)	1.8 - 17.3
Mid Follicular Phase (-9 to - 4)	3.5 - 31.7
Late Follicular Phase (-3 to - 1)	9.8 - 90.3
Mid cycle (Day 0, LH surge)	16.9- 91.8
Early Luteal Phase (1 to 3)	16.1- 97.5
Mid Luteal Phase (4 to 11)	3.9 - 87.7
Late Luteal Phase (12 to 14)	2.7 - 47.1
Postmenopausal females	< 1.0 - 2.1
Males	< 1.0 - 2

Clinical Significance :
Inhibin A level is used as an endrocrine marker for androgen production and monitoring ovarian function .These levels are also used in maternal serum quadruple screening test,to estimate the chance of having birth defects in baby.Increased levels of Inhibin A are related to many conditions in placenta like infection ,hypoxia and placental malformations.

Specifications: Precision: Intra assay (%CV): 4.17 %, Inter assay (%CV):4.28%; Sensitivity: < 1 pg/mL.

Kit Validation References:
Burger HG Evidence for a negative feedback role of inhibin in folliclestimulating hormone regulation in women 1993:1-2:129-32

Please correlate with clinical conditions.
Method:- SEQUENTIAL TWO-STEP IMMUNOENZYMATIC (SANDWICH) ASSAY

Sample Collected on (SCT) : 29 Mar 2025 14:40
Sample Received on (SRT) : 30 Mar 2025 22:40
Report Released on (RRT) : 31 Mar 2025 05:57
Sample Type : SERUM
Labcode : 3003099555/BR063
Barcode : DS626744

Dr Renuka MD(Path)

Dr Arshiya MD(Path)

Scan QR code to verify authenticity of reported results; active for 30 days from release time.

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REF. BY : DR EKTA KUMARI M D
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TEST NAME	TECHNOLOGY	VALUE	UNITS
ALPHA FETO PROTEIN	E.C.L.I.A	27.6	IU/mL

Bio. Ref. Interval. :-

Men: 0.5 - 5.5 IU/ml
Non-Pregnant Women: 0.5 - 5.5 IU/ml Pregnancy:
Week Range
14th : 10.41 - 49.40
15th : 13.11 - 57.08
16th : 15.12 - 64.45
17th : 17.72 - 76.11
18th : 19.26 - 91.51
19th : 23.26 - 101.80
20th : 28.05 - 125.85
21st : 33.30 - 92.75

Clinical Significance:
AFP has been used as a cancer marker. AFP testing during pregnancy in combination with Beta HCG and E3, Is recommended as an effective way to determine potential fetal risk of open neural tube defect (NTD).

Specifications: Precision: Intra assay (%CV): 4.1, Inter assay (%CV): 4.2, Sensitivity: 1.5 IU/mL

Refrences : Kaur G, Srivastav J, Sharma S, Huria A, Goel P, Chavan BS. Maternal serum median levels of alpha-foetoprotein, human chorionic gonadotropin & unconjugated estriol in second trimester in pregnant women from north-west India. Indian J Med Res. 2013;138(1):83-8.

Please correlate with clinical conditions.
Method:- SANDWHICH ELECTROCHEMILUMINESCENCE IMMUNOASSAY

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SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
BETA HCG	E.C.L.I.A	64222	mIU/mL

Bio. Ref. Interval. :-

Men :<2.6 mIU/mL Post menopausal women : <8.3 mIU/mL Non pregnant premenopausal women : <5.3 mIU/mL
Weeks of gestation Ranges

Week	Range	Week	Range
3rd	5.8-71.2	10th	46509-186977
4th	9.5-750	12th	27832-210612
5th	217-7138	14th	13950-62530
6th	158-31795	15th	12039-70971
7th	3697-163563	16th	9040-56451
8th	32065-149571	17th	8175-55868
9th	63803-151410	18th	8099-58176

Clinical Significance: The rapid rise in HCG Serum levels after conception makes it an excellent marker for early confirmation and monitoring of pregnancy. HCG levels can be useful in prediction of spontaneous abortions, Aiding in the detection of ectopic pregnancy and multiple gestation. For diagnostic purpose, Results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Specifications: Precision: Intra assay (%CV): 4.2, Inter assay (%CV): 6.3, Sensitivity: <= 0.200 mIU/mL

Reference : Schwarz S, Berger P, Wick G. The Antigenic Surface of Human Chorionic Gonadotropin as Mapped by Murine Monoclonal Antibodies.
Endocrinology 1986;118(1):189-197

Please correlate with clinical conditions.
Method:- SANDWHICH ELECTROCHEMILUMINESCENCE IMMUNOASSAY

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TEST NAME	TECHNOLOGY	VALUE	UNITS
UNCONJUGATED ESTRIOL - uE3	C.L.I.A	0.551	ng/mL

Bio. Ref. Interval. :-

Males and Non pregnant Females : < 2.0
Pregnancy:
Weeks Ranges
16 Weeks :0.30-1.05
18 Weeks :0.63-2.30
34 weeks :5.3-18.3
35 Weeks :5.2 -26.4
36 Weeks :8.2-28.1
37 Weeks :8.0-30.1
38 Weeks :8.6-38.0
39 Weeks :7.2-34.3
40 Weeks :9.6-28.9

Clinical Significance :
There is considerable patient-to-patient variability: The reference range for a given gestational age may encompass Estriol levels from 50 to 200 percent of the median for that age. Hence the pattern generated by serial determination is of greater significance than the results of isolated measurements. Persistently low or rapidly falling Estriol levels suggest fetal distress. Estriol concentration are subject to diurnal and episodic variation; Please refer serum levels to a baseline, Defined for the patient as either the average or the highest of her three most recent Estriol results.

Specifications: Precision: Intra assay (%CV): 10.75, Inter assay (%CV): 6.15, Sensitivity: 0.017 ng/mL

Reference : Teetz Chapter 45

Please correlate with clinical conditions.
Method:- Competitive binding immunoenzymatic assay

~~ End of report ~~

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Second Trimester Screening results

Patient data

Name and surname:	TWINKLE KUMARI	**Weight:**	64 Kg.
Lab ID:	DS626744	**Height:**	N/I
Race/Ethnicity:	INDIAN	**Diabetes:**	No
Date of birth:	02-01-1985 (40 years in the DoB)	**Smoker:**	No
Type of Pregnancy:	Spontaneus	**Ovulation Ind.:**	No
Prev. Obstetric History:	None	**Referral Center:**	BR063
Prenatal Software:	SSDWLAB6	**Referral Doctor:**	DR EKTA KUMARI M D

Biochemical data

Sample date:	29-03-2025		**Gestational age:**	14 weeks and 4 days
Sample ID:	DS626744			
Alpha-fetoprotein:	27.6 IU/ml	1.29 MoM		
hCG + beta:	64222 mIU/ml	1.94 MoM		
Unconjugated Oestriol:	0.551 ng/ml	0.81 MoM		
Inhibin-A:	238.7 pg/ml	1.47 MoM		

Ultrasound data

Ultrasound date:	28-03-2025	**Gestational age:**	14 weeks and 3 days
BPD:	27.1 mm		

Risk report (At term)

Risk type	*Probability*	*Result*	*Graphic representation*
NTD:	**No**	**Low Risk**	**No**
Trisomy 21 age risk:	1/106		**1/106**
Trisomy 21:	**1/284**	**Low Risk**	**1/284** 250
Trisomy 18/13:	**1/36095**	**Low Risk**	**1/36095** 250

Observations

Low Risk.

NOTE: Second Trimester test uses assays for maternal serum alpha fetoprotein (AFP), Beta subunit of human chorionic gonadotropin (B-HCG), unconjugated estriol (uE3) for Triple test, and is Inhibin A is add for Quad test combined with patient specific data including patient age or weeks of pregnancy(WOP) weight, gestational age, number of fetus, previous bad obstetric history, medical history,information about IVF pregnancy, and demographics to calculate the numerical risk for fetal Down syndrome, Edward syndrome and neural tube defects. It uses a sophisticated software program called SsdwLab6, which works on a statistical database to calculate this risk, and hence any risk indicated should not be considered to be a confirmatory evidence of fetal risk. A risk indicated only says that further investigations are needed before a decision is taken and therefore the report should be interpreted in light of other clinical and laboratory evidences.

- The risk calculations are statistical approaches and have limited diagnostic value.
- The calculated risk by the software depends on the accuracy of USG details and patient details provided.
- Participants in UKAS-proficiency testing (EQAS) for maternal serum markers.
- The laboratory can not be held responsible for their impact on the risk assessment. Calculated risks have no diagnostic value.
- The screening risk estimates final risk using biochemical parameters results, maternal demographic characteristics, and maternal medical and obstetric history. The risk calculation is optimal when accurate critical information is provided and incorrect information ((TRF/ U.S scan report) may significantly alter the risk assessment.
- Risks cannot be calculated for triplets or higher order gestations. In twin pregnancies with fetal demise (vanishing twins) risk estimation can be calculated but may be unreliable.

- Comparison with other screening software's and assay methodologies may give varying risk assessments. Risk assessment at term and sampling are both valid ways of estimating risk, but the risk score between the two varies because a correction factor of intrauterine mortality is applied for risk at sampling which is not taken into consideration while computing risk at term.
- Sophisticated software program SsdwLab6 works on statistical database to calculate this risk and hence any risk indicated should not be considered to be confirmatory evidence of fetal risk.
- This is a screening report and will need further confirmatory tests for diagnosis. Kindly consult your doctor for further.

Anomaly	Risk Ratio	Risk Categorization
Down's Syndrome (Trisomy 21)	> 1:250	Low Risk
	< 1:250	High Risk
Trisomy 13/18	> 1:250	Low Risk
	< 1:250	High Risk
NTD	No	Low Risk
	Yes	High Risk

Authorized by: Vivek Bharti **Printing date:** 31-03-2025

Dr. Arshiya Bose
MBBS, MD Pathology

CONDITIONS OF REPORTING

- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- This report is not valid for medico-legal purpose.
- Neither Thyrocare, nor its employees/representatives assume: (a) any liability, responsibility for any loss or damage that may be incurred by any person as a result of presuming the meaning or contents of the report, (b) any claims of any nature whatsoever arising from or relating to the performance of the requested tests as well as any claim for indirect, incidental or consequential damages. The total liability, in any case, of Thyrocare shall not exceed the total amount of invoice for the services provided and paid for.
- Thyrocare Discovery video link :- https://youtu.be/nbdYeRgYyQc

EXPLANATIONS

- Majority of the specimen processed in the laboratory are collected by Pathologists and Hospitals we call them as "Clients".
- **Name** - The name is as declared by the client and recored by the personnel who collected the specimen.
- **Ref.Dr** - The name of the doctor who has recommended testing as declared by the client.
- **Labcode** - This is the accession number in our laboratory and it helps us in archiving and retrieving the data.
- **Barcode** - This is the specimen identity number and it states that the results are for the specimen bearing the barcode (irrespective of the name).
- **SCP** - Specimen Collection Point - This is the location where the blood or specimen was collected as declared by the client.
- **SCT** - Specimen Collection Time - The time when specimen was collected as declared by the client.
- **SRT** - Specimen Receiving Time - This time when the specimen reached our laboratory.
- **RRT** - Report Releasing Time - The time when our pathologist has released the values for Reporting.
- **Reference Range** - Means the range of values in which 95% of the normal population would fall.

SUGGESTIONS

- Values out of reference range requires reconfirmation before starting any medical treatment.
- Retesting is needed if you suspect any quality shortcomings.
- Testing or retesting should be done in accredited laboratories.
- For suggestions, complaints, clinical support or feedback, write to us at **customersupport@thyrocare.com** or call us on **022-3090 0000**

*+T&C Apply, #As on 5th December 2024, *As per a survey on doctors' perception of laboratory diagnostics (IJARIIT,2023)*