

**LABORATORY TEST REPORT**

Name	: Mrs. SABIHA TARANNUM		
Sample ID	: B2746788		
Age/Gender	: 35 Years/Female	Reg. No	: 0482505030085
Referred by	: Dr. T.AHMAD	SPP Code	: SPL-BH-110
Referring Customer	: S.M HOSPITAL	Collected On	: 03-May-2025 12:30 PM
Primary Sample	: Whole Blood	Received On	: 04-May-2025 08:50 AM
Sample Tested In	: Serum	Reported On	: 05-May-2025 07:21 PM
Client Address	: OPPO PETROL PUMP,SHANTI KUNJ HARUN NAG	Report Status	: Final Report


**CLINICAL BIOCHEMISTRY**

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

Free -Beta -HCG <small>(Method: CLIA)</small>	37.07	ng/mL	< 2 :Non-Pregnant 5.4 - 393.4 : Pregnant
PAPP-A <small>(Method: CLIA)</small>	1.48	mIU/mL	< 0.1 : Non-Pregnant 0.1-19.5 : Pregnant

**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 \*\*\*



  
 DR. LAVANYA LAGISETTY  
 MD BIOCHEMISTRY

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**Date of report:** 05/05/25  
Prisca 5.1.0.17

N A

Patient data		Ultrasound data	
Name	Mrs. SABIHA TARANNUM B2746788	Gestational age at sample date	12 + 6
Birthday	01/04/90	Method	Scan
Age at sample date	35.1	Scan date	02/05/25
Patient ID	0482505030085		
Correction factors			
Fetuses	1	IVF	no
Weight in kg	75	diabetes	no
Smoker	no	Origin	Asian
		Previous trisomy 21 pregnancies	unknown
Pregnancy data		Parameter	Value
Sample Date	03/05/25	PAPP-A	1.48mIU/mL
		fb-hCG	37.07 ng/mL
			0.43
			1.03
Risks at sampling date			
Age risk at sampling date	1:270	Trisomy 21	1:196
Overall population risk	1:600	Trisomy 13/18	1:1259
Risk		Trisomy 21	
		<p><b>The calculated risk for Trisomy 21 is above the cut off which represents an increased risk.</b></p> <p>After the result of the Trisomy 21 test it is expected that among 196 women with the same data, there is one woman with a trisomy 21 pregnancy and 195 women with not affected pregnancies.</p> <p>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!</p>	
Trisomy 13/18			
<p><b>The calculated risk for Trisomy 13/18 is 1:1259, which indicates a low risk.</b></p>			

**Sign of Physician**