

LABORATORY TEST REPORT

Name	: Mrs. MOUNIKA		
Sample ID	: A0939942		
Age/Gender	: 27 Years/Female	Reg. No	: 0312505260038
Referred by	: Dr. TRIVENI MS(O,B,G)	SPP Code	: SPL-STS-161
Referring Customer	: Sage Path Labs Nalgonda	Collected On	: 26-May-2025 05:08 PM
Primary Sample	: Whole Blood	Received On	: 27-May-2025 10:28 AM
Sample Tested In	: Serum	Reported On	: 27-May-2025 05:28 PM
Client Address	:	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)	43.88	ng/mL	< 2 :Non-Pregnant 5.4 - 393.4 : Pregnant
PAPP-A (Method: CLIA)	0.89	mIU/mL	< 0.1 : Non-Pregnant 0.1-19.5 : Pregnant

Risk analysis for Trisomy 21 is 1:212 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 ***



 DR. LAVANYA LAGISETTY
 MD BIOCHEMISTRY

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Prisca 5.1.0.17
Date of report: 27/05/25

N A

Patient data			
Name	Mrs. MOUNIKA	Patient ID	0312505260038
Birthday	07/08/94	Sample ID	A0939942
Age at sample date	30.8	Sample Date	26/05/25
Gestational age	12 + 1		
Correction factors			
Fetuses	1	IVF	no
Weight	49	diabetes	no
Smoker	no	Origin	Asian
		Previous trisomy 21 pregnancies	unknown
Biochemical data		Ultrasound data	
Parameter	Value	Corr. MoM	Gestational age
PAPP-A	0.89 mIU/mL	0.21	12 + 1
fb-hCG	43.88 ng/mL	0.90	Method
			CRL Robinson
			Scan date
			26/05/25
			Crown rump length in mm
			57
			Nuchal translucency MoM
			1.13
			Nasal bone
			present
			Sonographer
			N A
			Qualifications in measuring NT
			MD
Risks at sampling date		Trisomy 21	
Age risk	1:573	The calculated risk for Trisomy 21 (with nuchal translucency) is above the cut off, which indicates an increased risk. After the result of the Trisomy 21 test (with NT) it is expected that among 212 women with the same data, there is one woman with a trisomy 21 pregnancy and 211 women with not affected pregnancies. The PAPP-A level is low. 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! The patient combined risk presumes the NT measurement was done according to accepted guidelines (Prenat Diagn 18: 511-523 (1998)). The laboratory can not be hold responsible for their impact on the risk assessment ! Calculated risks have no diagnostic value!	
Biochemical T21 risk	1:61		
Combined trisomy 21 risk	1:212		
Trisomy 13/18 + NT	1:525		
Trisomy 13/18 + NT			
The calculated risk for Trisomy 13/18 (with nuchal translucency) is 1:525, which represents a low risk.			

Sign of Physician

below cut off
 Below Cut Off, but above Age Risk
 above cut off