SagePath™
Excellence In Health Care

Sagepath Labs Pvt. Ltd.

Lab Address:- # Plot No. 564 , 1st floor , Buddhanagar , Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana.
ICMR Reg .No. SAPALAPVLHT (Covid -19)

LABORATORY TEST REPORT

Name	: Mrs. GULSANOBAR MOHSIN		
Sample ID	: B3227891		
Age/Gender	: 33 Years/Female	Reg. No	: 0862509040107
Referred by	: Dr. AZME ZEHRA	SPP Code	: SPL-UP-155
Referring Customer	: SAM INDIRA IVF CENTER	Collected On	: 04-Sep-2025 01:51 PM
Primary Sample	: Whole Blood	Received On	: 05-Sep-2025 09:41 AM
Sample Tested In	: Serum	Reported On	: 05-Sep-2025 09:46 PM
Client Address	: GANDHI NAGAR CHANDAULI	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval

PDF Attached

Double Marker

Free -Beta -HCG (Method: CLIA)	38.95	ng/mL	< 2 :Non-Pregnant 5.4 - 393.4 : Pregnant
PAPP-A (Method: CLIA)	1.02	mIU/mL	< 0.1 : Non-Pregnant 0.1-19.5 : Pregnant

Risk analysis for Trisomy 21 is 1:50 is positive and PAPP-A value low. Risk analysis graph generated on Impression weeks. 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

*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

SAGEPATH LABS PVT LTD.

Date of report: **05-09-2025**

Prisca 5.1.0.17

NA

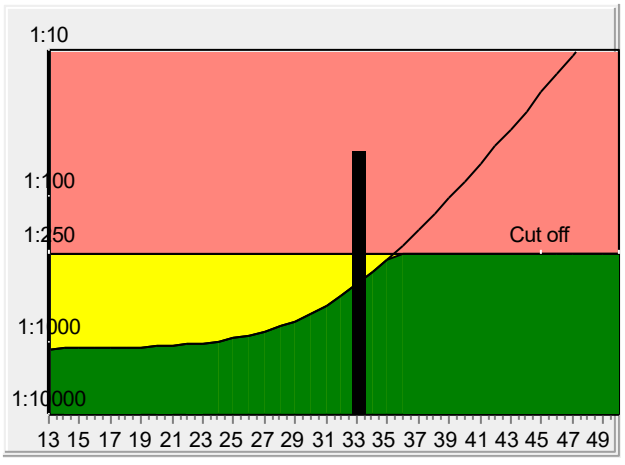
Patient data		Ultrasound data	
Name	Mrs. GULSANOBAR MOHSIN B3227891	Gestational age at sample date	12 + 4
Birthday	22-07-1992	Method	Scan
Age at sample date	33.1	Scan date	30-07-2025
Patient ID	0862509040107		

Correction factors					
Fetuses	1	IVF	no	Previous trisomy 21 pregnancies	unknown
Weight in kg	62	diabetes	no		
Smoker	no	Origin	Asian		

Pregnancy data		Parameter	Value	Corr. MoM
Sample Date	04-09-2025	PAPP-A	1.02mIU/mL	0.24
		fb-hCG	38.95 ng/ml	1.01

Risks at sampling date			
Age risk at sampling date	1:399	Trisomy 21	>1:50
Overall population risk	1:600	Trisomy 13/18	1:122

Risk



Trisomy 21

The calculated risk for Trisomy 21 is above the cut off which represents an increased risk.
After the result of the Trisomy 21 Test, it is expected that among less than 50 pregnancies with the same data, there is one trisomy 21 pregnancy.
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!

Trisomy 13/18

The calculated risk for Trisomy 13/18 is 1:122, which indicates a low risk.

Sign of Physician

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