Name	: Mrs. SAMARJAHAN	Sample ID	: A5435082
Age/Gender	: 32 Years/Female	Reg. No	: 0282510210015
Referred by	: DR. ARCHANA MASSEY	Sample Drawn On	: 21-Oct-2025 09:10 AM
Referring Customer	: UNIQUE DAIGNOSTIC	Registered On	: 22-Oct-2025 08:29 AM
		Collected On	: 25-Oct-2025 01:04 PM
Sample Type	: Serum	Reported On	: 25-Oct-2025 05:56 PM
Client Code	: bglvar026	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

Test Name	Results	Units	Bio. Ref. Intervel	Method

Dr. Madhuvan Gupta
MD Pathology
Reg. No. DMC 66987

Dr. Balraj Raj
MD Pathology
Reg. No. DMC 80769

Name	: Mrs. SAMARJAHAN	Sample ID	: A5435082
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PDF Attached

Double(Dual) Marker

Pregnancy Associated Plasma Protein-A (PAPP-A)	5.08	mIU/mL		CLIA
Free β hCG	102.22	ng/mL	Refer Table	CLIA

Interpretation The screen is POSITIVE. Please follow up the patient with invasive tests as required.

Note :
Trisomy 21 screening Positive
Please correlate clinically, with radiological investigations, previous pregnancies and follow up the patient.
Advice: NIPT test

Interpretation:

WEEKS OF GESTATION	HCG, FREE BETA MEDIANS (ng/ml)	PAPP-A MEDIANS (mIU/ml)
9	74.75	0.90
10	59.99	1.40
11	48.14	2.19
12	38.64	3.42
13	31.01	5.34
NON PREGNANT	< 2.00	< 0.10
DISORDER	**SCREEN POSITIVE CUT OFF**	
Trisomy 21 (Down)	1:250	
Trisomy 18/13	1:100	

Note: 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.
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 follow up. 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.

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IMMUNOLOGY & SEROLOGY

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*** End Of Report ***

Dr. Madhuvan Gupta
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Reg. No. DMC 80769

BioGene Labs India Pvt Ltd
10/59-D, Second floor, Kirti Nagar Industrial Area,
New Delhi - 110015

Prisca 5.2.0.13

Date of report: 25/10/2025

DR
A.MASSEY

Patient data

Name	Mrs SAMAR	Patient ID	0282510210015
Birthday	01/01/1986	Sample ID	A5435082
Age at sample date	39.8	Sample Date	21/10/2025
Gestational age	12 + 1		

Correction factors

Fetuses	1	IVF	unknown	Previous trisomy 21 pregnancies	unknown
Weight	81.05	diabetes	unknown		
Smoker	unknown	Origin	Asian		

Biochemical data

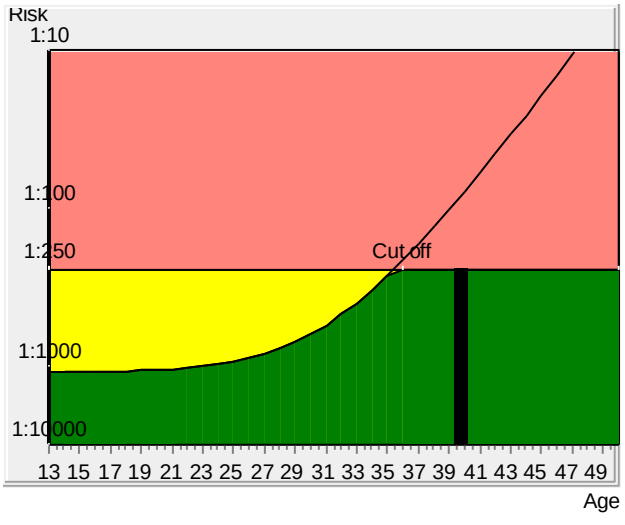
Parameter	Value	Corr. MoM
PAPP-A	5.08 IU/L	1.83
fb-hCG	102.22 ng/ml	2.81

Ultrasound data

Gestational age	12 + 0
Method	CRL Robinson
Scan date	20/10/2025
Crown rump length in mm	56.7
Nuchal translucency MoM	1.21
Nasal bone	present
Sonographer	DR PUSHPINDRA KR SINGH
Qualifications in measuring NT	MBBS

Risks at sampling date

Age risk	1:82
Biochemical T21 risk	1:124
Combined trisomy 21 risk	1:243
Trisomy 13/18 + NT	<1:10000



Trisomy 21

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 243 women with the same data, there is one woman with a trisomy 21 pregnancy and 242 women with not affected pregnancies.
The free beta HCG level is high.
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!

Trisomy 13/18 + NT

The calculated risk for trisomy 13/18 (with nuchal translucency) is < 1:10000, which represents a low risk.

Sign of Physician

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