

Dual Marker (Double Marker)- First Trimester , *SERUM* DUAL MARKER (DOUBLE MARKER)- FIRST TRIMESTER

Method - Time resolved Immunofluorometry on Auto Delfia			
Risk ratio calculated using LifeCycle 7.0			
FETUS - 1			
DOWN'S SYNDROME		EDWARD'S SYNDROME	
SCREEN RESULT	NEGATIVE	SCREEN RESULT	NEGATIVE
RISK RATIO	1:10911	RISK RATIO	1:28449
RISK RESULT	LOW	RISK RESULT	LOW
PATAU'S SYNDROME		TURNER'S SYNDROME NON IMMUNE – HYDROPS	
SCREEN RESULT	NEGATIVE	SCREEN RESULT	NEGATIVE
RISK RATIO	1:80135	RISK RATIO	1:100000
RISK RESULT	LOW	RISK RESULT	LOW
FETUS - 2			
DOWN'S SYNDROME		EDWARD'S SYNDROME	
SCREEN RESULT	NEGATIVE	SCREEN RESULT	NEGATIVE
RISK RATIO	1:9907	RISK RATIO	1:30837
RISK RESULT	LOW	RISK RESULT	LOW
PATAU'S SYNDROME		TURNER'S SYNDROME NON-HYDROPS	
SCREEN RESULT	NEGATIVE	SCREEN RESULT	NEGATIVE
RISK RATIO	1:81607	RISK RATIO	1:100000
RISK RESULT	LOW	RISK RESULT	LOW
REPORT DETAILS			
MATERNAL DETAILS	RESULT	UNITS	
NUMBER OF FETUSES	2		
WEIGHT	68	kg	
H/O SMOKING	NO		
ETHNIC ORIGIN	SOUTH ASIAN		
LMPDATE	05/06/2025		

INSULIN DEPENDENT DIABETES	NO	
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USG DETAILS		RESULT	UNITS	
DATE OF ULTRASOUND		25/11/2025		
NUCHAL TRANSLUCENCY (NT) FETUS -1		0.98	mm	
NUCHAL TRANSLUCENCY (NT) FETUS -2		1	mm	
BIOCHEMICAL RESULTS		RESULT	UNITS	CORR. MOM
PAPP-A		3404	mU/L	0.53
FREE BETA HCG		71.8	ng/mL	1.05
Interpretation				
Risk Cut off	Down Syndrome (T21)	Edwards Syndrome (T18)	Patau Syndrome (T13)	Turners Syndrome
High Risk	1:1 to 1:250	1:1 to 1:100	1:1 to 1:100	1:1 to 1:100
Intermediate Risk	1:251 to 1:1000	1:101 to 1:500	1:101 to 1:500	1:101 to 1:500
Low Risk	>1:1000	>1:500	>1:500	>1:500
<ol style="list-style-type: none"> 1. This test utilizes state-of-the-art DELFIA® technology and kits approved by the Fetal Medicine Foundation (FMF), UK, supported by extensive quality control measures for sample processing and analysis. 2. The risks are calculated based on ultrasound gestational age, biochemical results, NT measurement, patient demographics and other risk factors such as IDD. 3. This interpretation assumes that patient and specimen details in the test requisition form (TRF) and ultrasound details are accurate and correct. 4. A screen positive result occurs when the risk for Down's syndrome exceeds 1:250, when risk for Trisomy 13, Trisomy 18, Turner's syndrome exceeds 1:100 or when AFP MoM exceeds 2.5. 5. 1:250 risk factor means: Out of 250 women having similar results and history, 1 may have abnormality. 1:100 risk factor means: Out of 100 women having similar results and history, 1 may have abnormality. 				
Limitations				
<ol style="list-style-type: none"> 1. The results of this test represent only risks and not diagnostic outcomes. Increased risk does not mean that the baby is affected, and further tests must be performed before a firm diagnosis can be made. A low risk does not exclude possibility of Down's syndrome or other abnormalities, as risk assessment does not detect all affected pregnancies. 2. If the history provided is not correct, it is advisable to ask for repeat risk calculations. 				

Associated test
1. NIPT- Non-invasive Prenatal Screening test - from maternal blood for aneuploidy screening

If Values are marked with * , they are critical values.

*** End Of Report ***

Requestor: -, -

REQUESTOR TYPE:	REQUESTOR:	DOCTOR:	FACILITY:
-	-	-	-
REQUESTOR CODE:	REQUESTOR PHONE 1:		
-	-		

Patient IF00219980: Mrs.MUNMI BARUAH, -

PATIENT ID: IF00219980	LAST NAME: Mrs.MUNMI BARUAH	FIRST NAME: -	BIRTH DATE: 16/02/1995
ETHNICITY: South Asian	PHONE NO. 1: -	ADDRESS 1: -	CITY: -
POSTAL CODE: -			

Pregnancy, Calculated EDD: 09/06/2026 (MAEDD: 31.31)

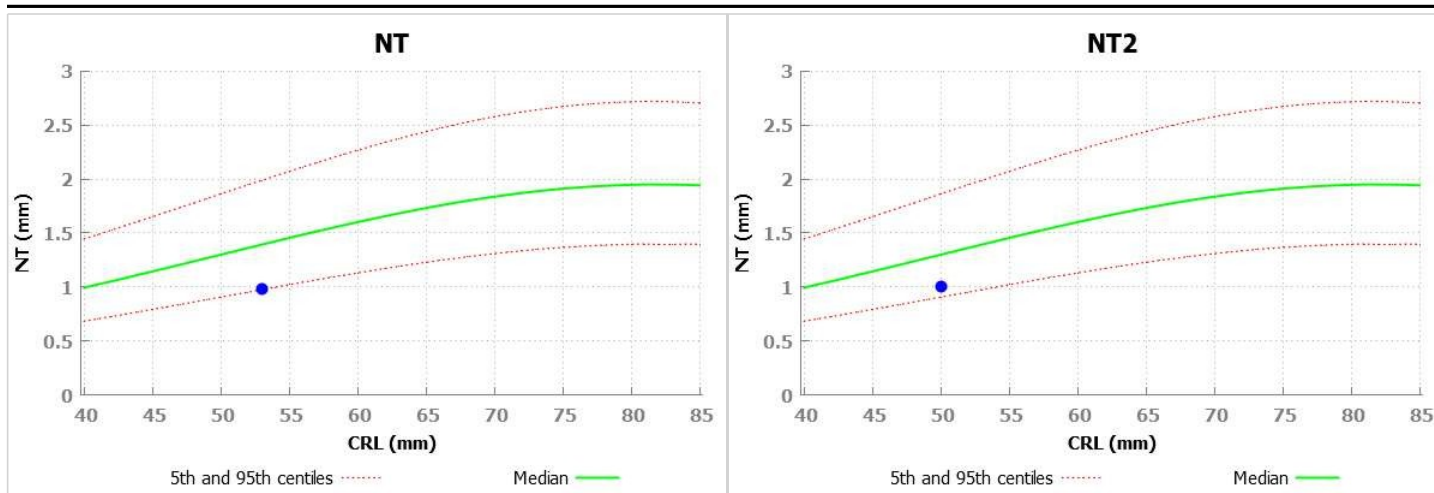
MAEDD: 31.31	CALCULATED EDD: 09/06/2026	GEST. DATE: 02/09/2025	SELECTED GEST. METHOD: CRL
LMP DATE: 05/06/2025	SMOKING STATUS: Non smoker	INSULIN DEP. DIABETIC: No	NO. OF FETUSES: 2
MONOZYGOUS: No	CHORIONICITY: Dichorionic	CORRECTED BY CHORIONICITY: Yes	FERTILIZATION DATE: -
MATERNAL WEIGHT [KG]: 68	HEIGHT [CM]: -	DIABETES TYPE II: -	INSULIN TREATMENT FOR TYPE II DIABETES: -
CONCEPTION METHOD: -	MOTHER OF PATIENT HAD PRE-ECLAMPSIA: -	CHRONIC HYPERTENSION: -	SYSTEMIC LUPUS ERYTHEMATOSUS: -
ANTI-PHOSPHOLIPID SYNDROME: -	PAST NO. OF PREGNANCIES ≥ 24 WEEKS: -	PREV. PREG. PRE-ECLAMPSIA: -	PREV. PREG. DELIVERY DATE: -
INTER-PREGNANCY INTERVAL [YEARS]: -	PREV. PREG. GEST. AT DELIVERY: 0 w 0 d	PREV. PREG. BABY WEIGHT [G]: -	BIRTH WEIGHT Z-SCORE: -
ASSISTANCE METHOD: -	TRANSFER DATE: -	EGG EXTRACTION DATE: -	EGG DONOR DOB: -
AGE AT EXTRACTION: -	PAST T21 - DOWN'S SYNDROME: -	PAST T18 - EDWARDS' SYNDROME: -	PAST T13 - PATAU'S SYNDROME: -
PAST CDLS - CORNELIA DE LANGE SYNDROME: -	PAST SLOS - SMITH-LEMLI-OPITZ SYNDROME: -	PAST TR - TRIPLOIDY: -	PAST TS - TURNER'S SYNDROME: -
RISK ASSESSED: At term	SCREENING PROTOCOL: Screening_4.0		

Ultrasound

SCAN DATE: 25/11/2025	CRL: 53.6	BPD: -	HC: -
GEST. AT SAMPLE DATE (W + D): 12 w 0 d	CRL (#2): 50.6	BPD (#2): -	HC (#2): -
GEST. AT MANUAL ENTRY (W + D): 0 w 0 d	WEIGHT [KG]: 68	AC: -	AC (#2): -

Tests

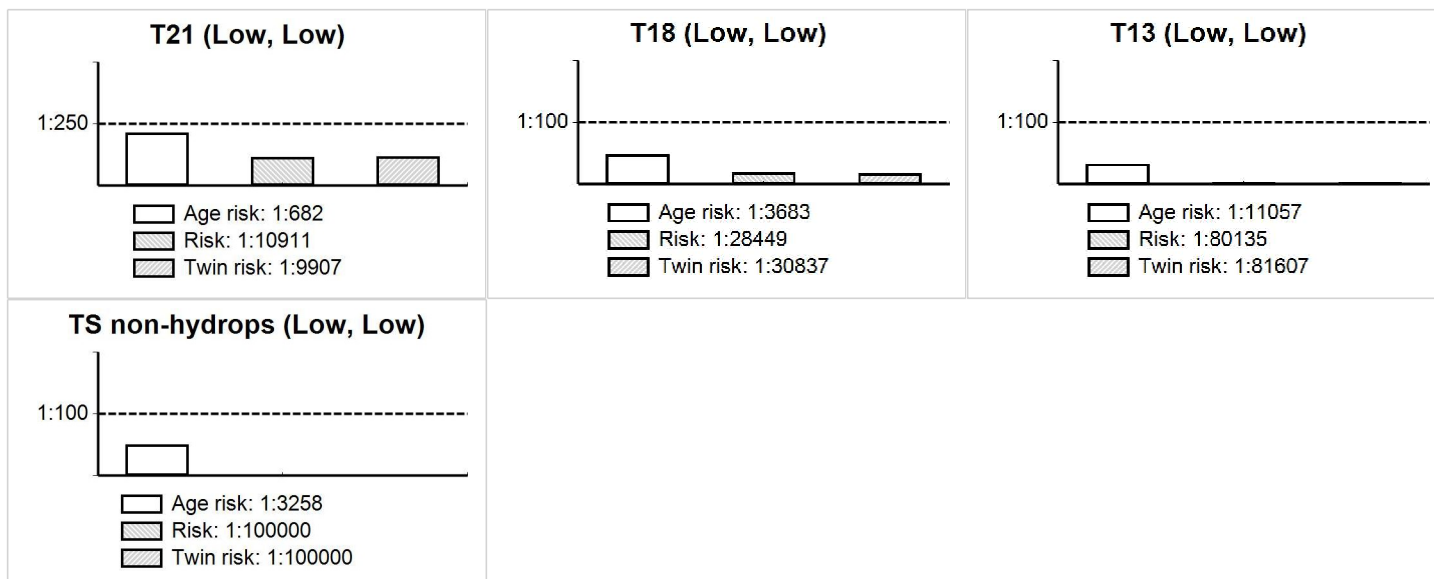
TEST	SAMPLE ID	DATE	GEST. AT SAMPLE DATE (W + D)	VALUE	UNIT	CORR. MOM	WEIGHT [KG]
hCGb (Signed)	IF00219980	02/12/2025	13 w 0 d	71.8	ng/mL	1.05	68
PAPP-A (Signed)	IF00219980	02/12/2025	13 w 0 d	3404	mU/L	0.53	68
NT (Signed)	-	25/11/2025	12 w 0 d	0.98	mm	0.81	68
NT2 (Signed)	-	25/11/2025	12 w 0 d	1	mm	0.87	68



Distribution median, 5th and 95th centiles obtained from publication: Wright D, Kagan KO, Molina FS, Gazzoni A, Nicolaides KH. A mixture model of nuchal translucency thickness in screening for chromosomal defects. Ultrasound Obstet Gynecol 2008;31:376-83

Risks, Risk assessed: At term

RISK NAME: T21 (Signed)	RISK RESULT: Low	RISK: 1:1091¹	TWIN RISK RESULT: Low	TWIN RISK: 1:9907	AGE RISK: 1:682	CUT-OFF: 1:250
RISK NAME: T18 (Signed)	RISK RESULT: Low	RISK: 1:28449	TWIN RISK RESULT: Low	TWIN RISK: 1:30837	AGE RISK: 1:3683	CUT-OFF: 1:100
RISK NAME: T13 (Signed)	RISK RESULT: Low	RISK: 1:80135	TWIN RISK RESULT: Low	TWIN RISK: 1:81607	AGE RISK: 1:11057	CUT-OFF: 1:100
RISK NAME: TS non-hydrops (Signed)	RISK RESULT: Low	RISK: 1:100000	TWIN RISK RESULT: Low	TWIN RISK: 1:100000	AGE RISK: 1:3258	CUT-OFF: 1:100



PLEASE NOTE: