

Test Name	Result	Bio. Ref. Range	Unit	Method
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**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

DOWN'S SYNDROME		EDWARD'S SYNDROME	
SCREEN RESULT	NEGATIVE	SCREEN RESULT	NEGATIVE
RISK RATIO	1:100000	RISK RATIO	1:34496
RISK RESULT	LOW	RISK RESULT	LOW
PATAU'S SYNDROME		TURNER'S SYNDROME NON IMMUNE – HYDROPS	
SCREEN RESULT	NEGATIVE	SCREEN RESULT	NEGATIVE
RISK RATIO	1:65408	RISK RATIO	1:100000
RISK RESULT	LOW	RISK RESULT	LOW
Report Details			
MATERNAL DETAILS	RESULT	UNITS	
NUMBER OF FETUSES	1		
WEIGHT	56.000	kg	
H/O SMOKING	NO		
ETHNIC ORIGIN	ASIAN		
LMP DATE	24/09/2025		
INSULIN DEPENDENT DIABETES	NO		
USG DETAILS			
DATE OF ULTRASOUND	23/12/2025		
NUCHAL TRANSLUCENCY (NT)	1.65	mm	
BIOCHEMICAL RESULTS	RESULT	UNITS	CORR. MOM
PAPP-A	2,860	mU/L	0.59
FREE BETA HCG	8.92	ng/mL	0.24

Test Name	Result	Bio. Ref. Range	Unit	Method
<b>Interpretation</b>				
<b>Risk Cut off</b>	<b>Down Syndrome (T21)</b>	<b>Edwards Syndrome (T18)</b>	<b>Patau Syndrome (T13)</b>	<b>Turners Syndrome</b>
<b>High Risk</b>	1:1 to 1:250	1:1 to 1:100	1:1 to 1:100	1:1 to 1:100
<b>Intermediate Risk</b>	1:251 to 1:1000	1:101 to 1:500	1:101 to 1:500	1:101 to 1:500
<b>Low Risk</b>	>1:1000	>1:500	>1:500	>1:500
<p>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.</p> <p>2. The risks are calculated based on ultrasound gestational age, biochemical results, NT measurement, patient demographics and other risk factors such as IDD.</p> <p>3. This interpretation assumes that patient and specimen details in the test requisition form (TRF) and ultrasound details are accurate and correct.</p> <p>4. A screen Negative result occurs when the risk for Down's syndrome is more than 1:250, when risk for Trisomy 13, Trisomy 18, Turner's syndrome more than 1:100 or when AFP MoM less than 2.5.</p> <p>5. A screen Positive result occurs when the risk for Down's syndrome less than 1:250, when risk for Trisomy 13, Trisomy 18, Turner's syndrome less than 1:100 or when AFP MoM more than 2.5.</p>				
<b>Explanations:</b>				
<ul style="list-style-type: none"> <li>Screen Positive :1:200 risk factor for Trisomy 21 means, out of 200 women having similar results and history, 1 may have abnormality ( screen positive ). As cut off for Trisomy 21 is 1:250</li> <li>Screen Negative :1:14200 risk factor for Trisomy 21 means, 1 out of 14200 women having similar results and history, 1 may have abnormality ( screen Negative ). As cut off for Trisomy 21 is 1:250.</li> </ul>				
<b>Limitations</b>				
<p>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.</p> <p>2. If the history provided is not correct, it is advisable to ask for repeat risk calculations.</p>				
<b>Associated test</b>				
<p>1. NIPT- Non-invasive Prenatal Screening test - from maternal blood for aneuploidy screening</p>				

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

\*\*\* End Of Report \*\*\*



Dr. Manoj Sawadkar  
Consultant - MD Path

## Requestor: -, -

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

## Patient IF00227225: Mrs.AMRUTA MAHESH MOHITE, -

PATIENT ID: <b>IF00227225</b>	LAST NAME: <b>Mrs.AMRUTA MAHESH MOHITE</b>	FIRST NAME: -	BIRTH DATE: <b>17/09/2006</b>
ETHNICITY: <b>South Asian</b>	PHONE NO. 1: -	ADDRESS 1: -	CITY: -
POSTAL CODE: -			

## Pregnancy, Calculated EDD: 29/06/2026 (MAEDD: 19.78)

MAEDD: <b>19.78</b>	CALCULATED EDD: <b>29/06/2026</b>	GEST. DATE: <b>22/09/2025</b>	SELECTED GEST. METHOD: <b>CRL</b>
LMP DATE: <b>24/09/2025</b>	SMOKING STATUS: <b>Non smoker</b>	INSULIN DEP. DIABETIC: <b>No</b>	NO. OF FETUSES: <b>1</b>
MONOZOYGOUS: <b>No</b>	CHORIONICITY: -	CORRECTED BY CHORIONICITY: -	FERTILIZATION DATE: -
MATERNAL WEIGHT [KG]: <b>56</b>	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: <b>0 w 0 d</b>	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: <b>At term</b>	SCREENING PROTOCOL: <b>Screening_4.0</b>		

## Notes

NOTE CREATED FOR: <b>Biochemistry</b>	SAMPLE ID / SCAN DATE: <b>IF00227225</b>	NOTE TEXT: <b>HCGb Corr. MoM &lt; 0.3</b>	NOTE CREATED AT: <b>27/12/2025</b>
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## Ultrasound

SCAN DATE: <b>23/12/2025</b>	CRL: <b>69.92</b>	BPD: -	HC: -
GEST. AT SAMPLE DATE (W + D): <b>13 w 1 d</b>	CRL (#2): -	BPD (#2): -	HC (#2): -
GEST. AT MANUAL ENTRY (W + D): <b>0 w 0 d</b>	WEIGHT [KG]: <b>56</b>	AC: -	AC (#2): -

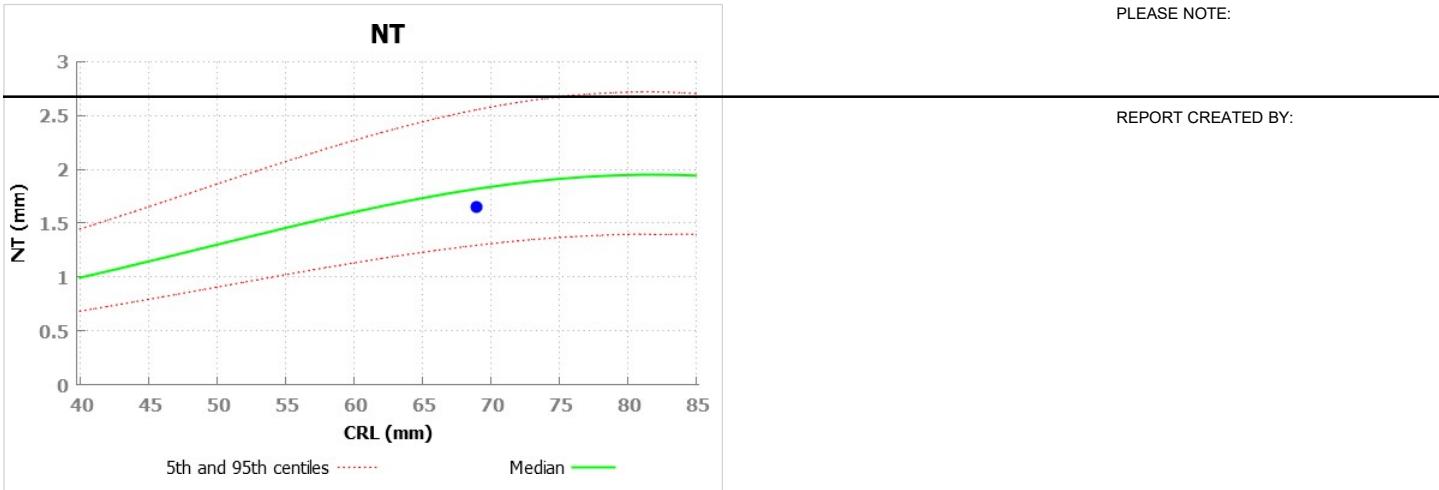
## Tests

TEST	SAMPLE ID	DATE	GEST. AT SAMPLE DATE (W + D)	VALUE	UNIT	CORR. MOM	WEIGHT [KG]
<b>hCGb (Signed)</b>	<b>IF00227225</b>	<b>25/12/2025</b>	<b>13 w 3 d</b>	<b>8.92</b>	<b>ng/mL</b>	<b>0.24</b>	<b>56</b>
<b>PAPP-A (Signed)</b>	<b>IF00227225</b>	<b>25/12/2025</b>	<b>13 w 3 d</b>	<b>2860</b>	<b>mU/L</b>	<b>0.59</b>	<b>56</b>
<b>NB (Signed)</b>	-	<b>23/12/2025</b>	<b>13 w 1 d</b>	<b>Present</b>	-	-	<b>56</b>
<b>NT (Signed)</b>	-	<b>23/12/2025</b>	<b>13 w 1 d</b>	<b>1.65</b>	<b>mm</b>	<b>1.14</b>	<b>56</b>

REPORT CREATED BY:

**SUSHILA PARAB**

REPORT CREATED AT:



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:	RISK RESULT:	RISK:
<b>T21 (Signed)</b>	<b>Low</b>	<b>1:100000</b>
<b>T18 (Signed)</b>	<b>Low</b>	<b>1:34496</b>
<b>T13 (Signed)</b>	<b>Low</b>	<b>1:65408</b>
<b>TS non-hydrops (Signed)</b>	<b>Low</b>	<b>1:100000</b>

