

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

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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

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 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.
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.

Explanations:

- 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 of for Trisomy 21 is 1:250
- 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 of for Trisomy 21 is 1:250.

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
<ol style="list-style-type: none"> 1. NIPT- Non-invasive Prenatal Screening test - from maternal blood for aneuploidy screening

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

*** End Of Report ***



Dr. Manoj Sawadkar
Consultant - MD Path

PATIENT REPORT Mrs.AMRUTA MAHESH MOHITE -

27/12/2025

Requestor: -, -

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

Patient IF00227225: Mrs.AMRUTA MAHESH MOHITE, -

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

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

MAEDD: 19.78	CALCULATED EDD: 29/06/2026	GEST. DATE: 22/09/2025	SELECTED GEST. METHOD: CRL
LMP DATE: 24/09/2025	SMOKING STATUS: Non smoker	INSULIN DEP. DIABETIC: No	NO. OF FETUSES: 1
MONOZYGOS: No	CHORIONICITY: -	CORRECTED BY CHORIONICITY: -	FERTILIZATION DATE: -
MATERNAL WEIGHT [KG]: 56	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		

Notes

NOTE CREATED FOR: Biochemistry	SAMPLE ID / SCAN DATE: IF00227225	NOTE TEXT: HCGb Corr. MoM < 0.3	NOTE CREATED AT: 27/12/2025
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Ultrasound

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

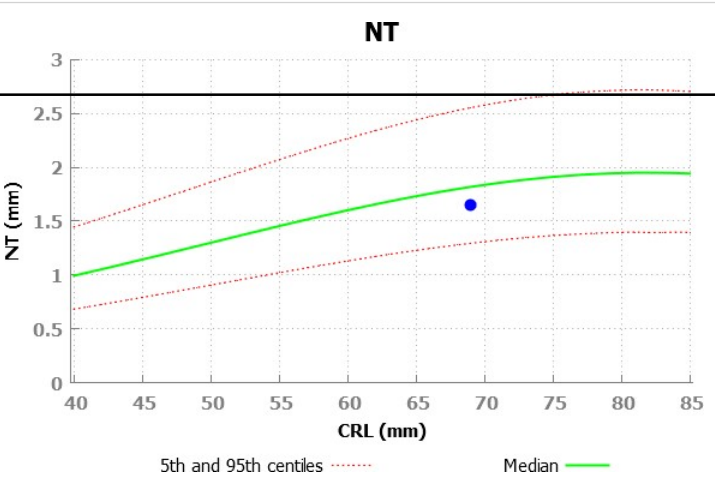
Tests

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

REPORT CREATED BY:

SUSHILA PARAB

REPORT CREATED AT:



PLEASE NOTE:

REPORT CREATED BY:

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: 1:100000
RISK NAME: T18 (Signed)	RISK RESULT: Low	RISK: 1:34496
RISK NAME: T13 (Signed)	RISK RESULT: Low	RISK: 1:65408
RISK NAME: TS non-hydrops (Signed)	RISK RESULT: Low	RISK: 1:100000

