

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	1:3540	RISK RATIO	1:100000
RISK RESULT	LOW	RISK RESULT	LOW
PATAU'S SYNDROME		TURNER'S SYNDROME NON IMMUNE – HYDROPS	
SCREEN RESULT	NEGATIVE	SCREEN RESULT	NEGATIVE
RISK RATIO	1:88198	RISK RATIO	1:100000
RISK RESULT	LOW	RISK RESULT	LOW
Report Details			
MATERNAL DETAILS	RESULT	UNITS	
NUMBER OF FETUSES	1		
WEIGHT	41.000	kg	
H/O SMOKING	NO		
ETHNIC ORIGIN	ASIAN		
LMP DATE	27/09/2025		
INSULIN DEPENDENT DIABETES	NO		
USG DETAILS			
DATE OF ULTRASOUND	26/12/2025		
NUCHAL TRANSLUCENCY (NT)	2.00	mm	
BIOCHEMICAL RESULTS	RESULT	UNITS	CORR. MOM
PAPP-A	3,550	mU/L	0.63
FREE BETA HCG	60.76	ng/mL	1.15

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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
<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>				
Explanations:				
<ul style="list-style-type: none"> 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 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. 				
Limitations				
<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>				
Associated test				
<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 ***

Kp

Dr. Pankaj Kamble
MD, Biochemistry
Consultant Biochemist



PATIENT REPORT Mrs.NIKITA VIKAS TRIMBAKE -

Requestor: -, -

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

Patient IF00228518: Mrs.NIKITA VIKAS TRIMBAKE, -

PATIENT ID: IF00228518	LAST NAME: Mrs.NIKITA VIKAS TRIMBAKE	FIRST NAME: -	BIRTH DATE: 12/04/2003
ETHNICITY: South Asian	PHONE NO. 1: -	ADDRESS 1: -	CITY: -
POSTAL CODE: -			

Pregnancy, Calculated EDD: 09/07/2026 (MAEDD: 23.24)

MAEDD: 23.24	CALCULATED EDD: 09/07/2026	GEST. DATE: 02/10/2025	SELECTED GEST. METHOD: CRL
LMP DATE: 27/09/2025	SMOKING STATUS: Non smoker	INSULIN DEP. DIABETIC: No	NO. OF FETUSES: 1
MONOZYGOUS: No	CHORIONICITY: -	CORRECTED BY CHORIONICITY: -	FERTILIZATION DATE: -
MATERNAL WEIGHT [KG]: 41	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		

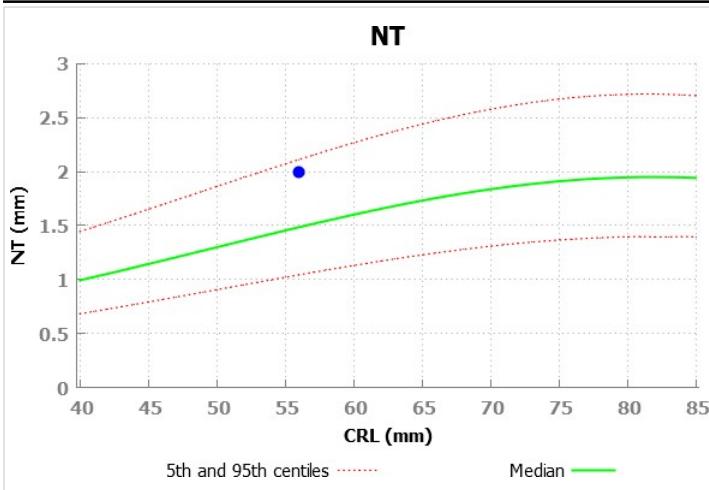
Ultrasound

SCAN DATE: 26/12/2025	CRL: 56.5	BPD: -	HC: -
GEST. AT SAMPLE DATE (W + D): 12 w 1 d	CRL (#2): -	BPD (#2): -	HC (#2): -
GEST. AT MANUAL ENTRY (W + D): 0 w 0 d	WEIGHT [KG]: 41	AC: -	AC (#2): -

Tests

TEST	SAMPLE ID	DATE	GEST. AT SAMPLE DATE (W + D)	VALUE	UNIT	CORR. MOM	WEIGHT [KG]
hCGb (Signed)	IF00228518	30/12/2025	12 w 5 d	60.76	ng/mL	1.15	41
PAPP-A (Signed)	IF00228518	30/12/2025	12 w 5 d	3550	mU/L	0.63	41
NB (Signed)	-	26/12/2025	12 w 1 d	Present	-	-	41
NT (Signed)	-	26/12/2025	12 w 1 d	2	mm	1.58	41

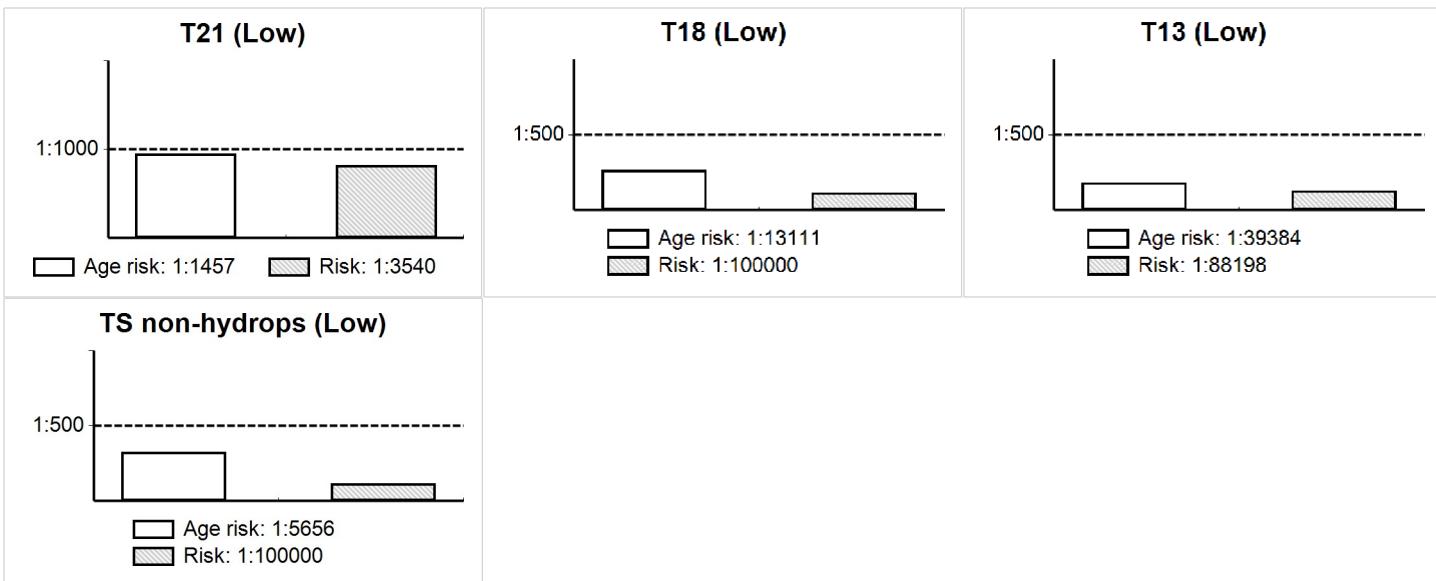
PATIENT REPORT Mrs.NIKITA VIKAS TRIMBAKE -



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:	TWIN RISK RESULT:	TWIN RISK:	AGE RISK:	CUT-OFF:
T21 (Signed)	Low	1:3540	-	-	1:1457	1:1000
T18 (Signed)	Low	1:100000	-	-	1:13111	1:500
T13 (Signed)	Low	1:88198	-	-	1:39384	CUT-OFF:
TS non-hydrops (Signed)	Low	1:100000	-	-	1:5656	1:500



PLEASE NOTE:

REPORT CREATED BY:

ROHAN YADGIRI

REPORT CREATED AT: