



Tests you can trust

Name : Deepshikha Singh(30Y/F)

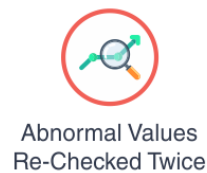
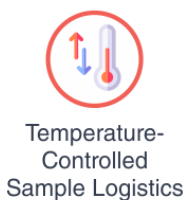
Date : 9 Dec, 2025

Test Asked : Double Marker First Trimester 8-13 Week (fmf Certified)

Report Status : Complete Report



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First National Diagnostic Chain to have 100% of its Labs with NABL Accreditation[#]

Patient Name : DEEPSHIKHA SINGH (30Y/F)

Referred By : DR SMITA KHOSE MBBS MS GYNAE

Sample Collected At : (47756),DURGA DIGITAL XRAY AND ULTRASOUND,DR. S.K.SINGH]
SHIVPURI, PURANI CHATTI EKMA PRAKHAND, SHIWAN ,CHAPRA MAIN
ROAD,BIHAR.,841208

Tests Done : DOUBLE MARKER FIRST TRIMESTER 8-13
WEEK (FMF CERTIFIED)

Report Availability Summary

Note: Please refer to the table below for status of your tests.

 **1** Ready

 **0** Ready with Cancellation

 **0** Processing

 **0** Cancelled in Lab

TEST DETAILS	REPORT STATUS
DOUBLE MARKER FIRST TRIMESTER 8-13 WEEK (FMF	Ready 

Patient Name : DEEPSHIKHA SINGH (30Y/F)
Referred By : DR SMITA KHOSE MBBS MS GYNAE
Sample Collected At : (47756), DURGA DIGITAL XRAY AND ULTRASOUND, DR.
S.K. SINGH] SHIVPURI, PURANI CHATTI EKMA PRAKHAND,
SHIWAN, CHAPRA MAIN ROAD, BIHAR., 841208

Sample Collected on (SCT) : 09 Dec 2025 17:45
Sample Received on (SRT) : 10 Dec 2025 00:23
Report Released on (RRT) : 10 Dec 2025 13:09
Sample Type | Barcode : SERUM | CM741107

TEST NAME	TECHNOLOGY	VALUE	UNITS
FREE BETA HCG Bio. Ref. Interval. :-	E.C.L.I.A	51.8	IU/L

Pregnancy:	Cut off risk for Down's syndrome or Trisomy 21			
Weeks Ranges	<35 years		>35 years	
10-11 : 45.60 - 54.53	Weeks	Ranges	Weeks	Ranges
11-12 : 37.30 - 44.28	10-11	>210	10-11	>92
12-13 : 31.27 - 36.30	11-12	>162	11-12	>80
13-14 : 27.52 - 30.60	12-13	>130	12-13	>68
	13-14	>110	13-14	>60

Interpretation:

Free BHCG is a glycoprotein hormone normally found in blood and urine only during pregnancy. It is secreted by placental tissue, beginning with primitive trophoblast, almost from the time of implantation, and serves to support the corpus luteum during early weeks of pregnancy. HCG or HCG like material is also produced by a variety of trophoblastic and non-trophoblastic neoplasia. Intact HCG is 39,500 Da molecule composed of two non-identical subunits alpha and beta that are bound to each other in a non-covalent manner. These subunits can also occur in a free or unbound form. Only intact HCG has biological activity. The HCG-alpha subunit is structurally identical to the alpha subunit of homologous pituitary glycoprotein hormones, luteinizing hormones, follicle stimulating hormone and thyroid stimulating hormone. The beta subunit is specific for each of these hormones, and confers upon them their differing biological activities. Maternal serum free BHCG assessment is reported to have significant utility in first and second trimester prenatal screening for Down syndrome and other chromosomal anomalies.

Specifications: Precision: Intra assay (%CV): 1.6, Inter assay (%CV): 3.8, Sensitivity: 0.3 IU/mL

Reference : Karl O. Kagan, Dave Wright, Catalina Valencia, Nerea Maiz, Kypros H. Nicolaides, Screening for trisomies 21, 18 and 13 by maternal age, fetal nuchal translucency, fetal heart rate, free β -hCG and pregnancy-associated plasma protein-A, Human Reproduction, Volume 23, Issue 9, 1 September 2008, Pages 1968-1975

Please correlate with clinical conditions.

Method:- SANDWICH ELECTROCHEMILUMINESCENCE IMMUNOASSAY

Tests Done : DOUBLE MARKER FIRST TRIMESTER 8-13 WEEK (FMF CERTIFIED)

Report Remarks : Labcode:0912120638/PU434

Priyanka

Dr T Priyanka MD(Path)



Scan QR to verify (valid for 30 days from release time)

Patient Name : DEEPSHIKHA SINGH (30Y/F)
Referred By : DR SMITA KHOSE MBBS MS GYNAE
Sample Collected At : (47756), DURGA DIGITAL XRAY AND ULTRASOUND, DR.
S.K.SINGH J SHIVPURI, PURANI CHATTI EKMA PRAKHAND,
SHIWAN, CHAPRA MAIN ROAD, BIHAR., 841208

Sample Collected on (SCT) : 09 Dec 2025 17:45
Sample Received on (SRT) : 10 Dec 2025 00:23
Report Released on (RRT) : 10 Dec 2025 13:09
Sample Type | Barcode : SERUM | CM741107

TEST NAME	TECHNOLOGY	VALUE	UNITS
PREGNANCY ASSOCIATED PLASMA PROTEIN A Bio. Ref. Interval. :-	E.C.L.I.A	1656	mIU/L

Pregnancy:	Cut off risk for Down's syndrome or Trisomy 21			
Weeks Ranges	<35 years		>35 years	
10-11 : 1180 - 1534	Weeks	Ranges	Weeks	Ranges
11-12 : 1617 - 2301	10-11	<1000	10-11	<1200
12-13 : 2445 - 3490	11-12	<1040	11-12	<1750
13-14 : 3694 - 5101	12-13	<1450	12-13	<2650
	13-14	<1800	13-14	<3390

Interpretation

Pregnancy-associated plasma protein-A (PAPP-A) was first identified as a high-molecular weight constituent in human pregnancy serum. PAPP-A is a metalloprotease which belongs to the metzincin super family of zinc peptidases. Insulin-like growth factor binding protein 4 (IGFBP-4) as well as IGFBP-5 have been found to be specific substrates for PAPP-A in vitro.

PAPP-A is widely recognized biochemical marker of Down syndrome (DS) used in the first trimester of pregnancy. PAPP-A level in maternal serum increases with gestational age until term. In case of DS pregnancy, PAPP-A concentration in the first trimester is markedly decreased.

Specifications: Precision: Intra assay (%CV): 5, Inter assay (%CV): 6.9, Sensitivity: ≤ 8 mIU/mL

References:

Patil M, Panchanadikar TM, Wagh G. Variation of papp-a level in the first trimester of pregnancy and its clinical outcome. J Obstet Gynaecol India. 2014 Apr;64(2):116-9.

Karl O. Kagan, Dave Wright, Catalina Valencia, Nerea Maiz, Kypros H. Nicolaides, Screening for trisomies 21, 18 and 13 by maternal age, fetal nuchal translucency, fetal heart rate, free β -hCG and pregnancy-associated plasma protein-A, Human Reproduction, Volume 23, Issue 9, 1 September 2008, Pages 1968-1975.

Please correlate with clinical conditions.

Method:- SANDWICH ELECTROCHEMILUMINESCENCE IMMUNOASSAY

~~ End of report ~~

Tests Done : DOUBLE MARKER FIRST TRIMESTER 8-13 WEEK (FMF CERTIFIED)

Report Remarks : Labcode:0912120638/PU434

Priyanka

Dr T Priyanka MD(Path)



Scan QR to verify (valid for 30 days from release time)

First Trimester Screening results

Patient data

Name and surname:	DEEPSHIKHA SINGH	Weight:	82.7 Kg.
Lab ID:	CM741107	Height:	N/I
Race/Ethnicity:	INDIAN	Diabetes:	No
Date of birth:	10-08-1995 (30 years in the DoB)	Smoker:	No
Type of Pregnancy:	Spontaneous	Ovulation Ind.:	No
Prev. Obstetric History:	None	Referral Center:	PU434
Prenatal Software:	SSDWLAB6	Referral Doctor:	DR SMITA KHOSE

Biochemical data

Sample date:	09-12-2025	Gestational age:	12 weeks and 4 days
Sample ID:	CM741107		
Free beta hCG 1T:	51.8 IU/L	2.08 MoM	
PAPP-A:	1656 mIU/L	0.69 MoM	

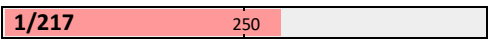
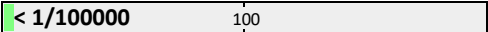
Ultrasound data

Ultrasound date:	09-12-2025	Gestational age:	12 weeks and 4 days
CRL:	61.6 mm		
Nuchal Translucency:	2.6 mm	1.63 MoM	

Dichotomous markers

Absent nasal bones=**No**.

Risk report (At term)

Risk type	Probability	Result	Graphic representation
Trisomy 21:	1/217	Positive risk	
Trisomy 18/13:	< 1/100000	Low Risk	
Trisomy 21 age risk:	1/870		

Interpretation

Screen Positive.

- The risk calculations are statistical approaches and have limited diagnostic value.
- The calculated risk by the software depends on the accuracy of USG details and patient details provided.
- FMF-Certified Free beta hCG & PAPP-A kits are being used for analysis.
- Participants in UKAS-proficiency testing (EQAS) for maternal serum markers.
- The laboratory can not be held responsible for their impact on the risk assessment. Calculated risks have no diagnostic value.
- The screening risk estimates final risk using biochemical parameters results, maternal demographic characteristics, and maternal medical and obstetric history. The risk calculation is optimal when accurate critical information is provided and incorrect information ((TRF/ U.S scan report) may significantly alter the risk assessment.
- Risks cannot be calculated for triplets or higher order gestations. In twin pregnancies with fetal demise (vanishing twins) risk estimation can be calculated but may be unreliable.

- Comparison with other screening software's and assay methodologies may give varying risk assessments. Risk assessment at term and sampling are both valid ways of estimating risk, but the risk score between the two varies because a correction factor of intrauterine mortality is applied for risk at sampling which is not taken into consideration while computing risk at term.
- Sophisticated software program SsdwLab6 works on statistical database to calculate this risk and hence any risk indicated should not be considered to be confirmatory evidence of fetal risk.
- This is a screening report and will need further confirmatory tests for diagnosis. Kindly consult your doctor for further.

First Trimester Screening	
Risk Analysis in Interpretation	Description according to the Risk Analysis in Interpretation means
Screen Negative	It means the result is statistically low risk for Trisomy 21 & Trisomy 18/13
Screen Positive	It means the result is statistically high risk for either both Trisomy 18/13 & Trisomy 21 or for any one of Trisomy

Refer the below table for statistical cut off ratio for interpretation of Trisomy 18/13 & Trisomy 21 risk:

Anomaly	Screen positive risk cut-off(ACOG 2007)	Remarks
Trisomy 21	1:250	Confirmatory tests needed
Trisomy 18/13	1:100	Confirmatory tests needed

Cut-off for Trisomy 18/13 is in accordance to ACOG - Breathnach FM, Malone FD, Lambert-Messerlian G et al. First- and second-trimester screening: detection of aneuploidies other than Down syndrome. Obstet Gynecol. 2007 Sep;110(3):651-7. doi: 10.1097/01.AOG.0000278570.76392.a6. PMID: 17766613

Authorized by:

Sonali Mhatre

Printing date:

10-12-2025



Dr. Tushar Priyanka
MBBS, MD (Pathology)

CONDITIONS OF REPORTING

- ✓ The reported results are for information and interpretation of the referring doctor only.
- ✓ It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- ✓ Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- ✓ Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- ✓ Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- ✓ This report is not valid for medico-legal purpose.
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EXPLANATIONS

- ✓ Majority of the specimen processed in the laboratory are collected by Pathologists and Hospitals we call them as "Clients".
- ✓ **Name** - The name is as declared by the client and recored by the personnel who collected the specimen.
- ✓ **Ref.Dr** - The name of the doctor who has recommended testing as declared by the client.
- ✓ **Labcode** - This is the accession number in our laboratory and it helps us in archiving and retrieving the data.
- ✓ **Barcode** - This is the specimen identity number and it states that the results are for the specimen bearing the barcode (irrespective of the name).
- ✓ **SCP** - Specimen Collection Point - This is the location where the blood or specimen was collected as declared by the client.
- ✓ **SCT** - Specimen Collection Time - The time when specimen was collected as declared by the client.
- ✓ **SRT** - Specimen Receiving Time - This time when the specimen reached our laboratory.
- ✓ **RRT** - Report Releasing Time - The time when our pathologist has released the values for Reporting.
- ✓ **Reference Range** - Means the range of values in which 95% of the normal population would fall.

SUGGESTIONS

- ✓ Values out of reference range requires reconfirmation before starting any medical treatment.
- ✓ Retesting is needed if you suspect any quality shortcomings.
- ✓ Testing or retesting should be done in accredited laboratories.
- ✓ For suggestions, complaints, clinical support or feedback, write to us at customersupport@thyrocare.com or call us on **022-3090 0000**

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* As per survey on doctors' perception of laboratory diagnostics (IJARIIT, 2023), -Mumbai Reference Lab is CAP Accredited