LPL - LPL-ROHINI (NATIONAL REFERENCE LAB)
SECTOR - 18, BLOCK -E ROHINI
DELHI 110085

Name	: **#DUMMY**			**Collected**	: **18/4/2017 1:18:00PM**
				Received	: **18/4/2017 1:22:03PM**
Lab No.	: **133434963**	**Age: 27 Years**	**Gender: Female**	**Reported**	: **18/4/2017 1:35:04PM**
A/c Status	: **P**	**Ref By : Dr. UNKNWON**		**Report Status**	: **Final**

Test Name	Results	Units	Bio. Ref. Interval
MATERNAL SERUM SCREEN 2; DUAL TEST (CLIA)			
HCG, Free Beta	32.00	ng/mL	
PAPP-A	2.10	mIU/mL	

Interpretation

WEEKS OF GESTATION	HCG, FREE BETA MEDIANS (ng/ml)	PAPP-A MEDIANS (mIU/ml)
9	74.75	0.90
10	59.99	1.40
11	48.14	2.19
12	38.64	3.42
13	31.01	5.34
NON PREGNANT	< 2.00	

DISORDER	SCREEN POSITIVE CUT OFF
Trisomy 21 (Down)	1:250
Trisomy 18/13	1:100

Note

- Statistical evaluation has been done using CE marked PRISCA 5 software.
- Screening tests are based on statistical analysis of patient demographic and biochemical data. They simply indicate a high or low risk category. Confirmation of screen positives is recommended by Chorionic Villus Sampling (CVS).
- The interpretive unit is MoM (Multiples of Median) which takes into account variables such as gestational age (ultrasound), maternal weight, race, insulin dependent Diabetes, multiple gestation, IVF (Date of Birth of Donor, *if applicable*), smoking & previous history of Down syndrome. **Accurate availability of this data for Risk Calculation is critical.**
- Ideally all pregnant women should be screened for Prenatal disorders irrespective of maternal age. The test is valid between 9-13.6 weeks of gestation, but ideal sampling time is between 10-13 weeks gestation.
- First trimester detection rate of Down syndrome is 60% with a false positive rate of 5%. A combination of Nuchal translucency, Nasal bone visualization and biochemical tests (Combined test) increases the detection rate of Down syndrome to 85% at the same false positive rate.

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Comments

First trimester screening for Prenatal disorders (Trisomy 21, 18 & 13) is essential to identify those women at sufficient risk for a congenital anomaly in the fetus to warrant further evaluation and followup. For Open neural tube defects, second trimester screening before 20 weeks is recommended. These are screening procedures which cannot discriminate all affected pregnancies from all unaffected pregnancies. Screening cutoffs are established by using MoM values that maximize the detection rate and minimize false positives.

Dr Himangshu Mazumdar
MD (Biochemistry)
Consultant Biochemist

Dr. Nimmi Kansal
MD (Biochemistry)
HOD Biochem & IA

----------End of report ----------

MATERNAL SERUM SCREEN 2 RESULTS

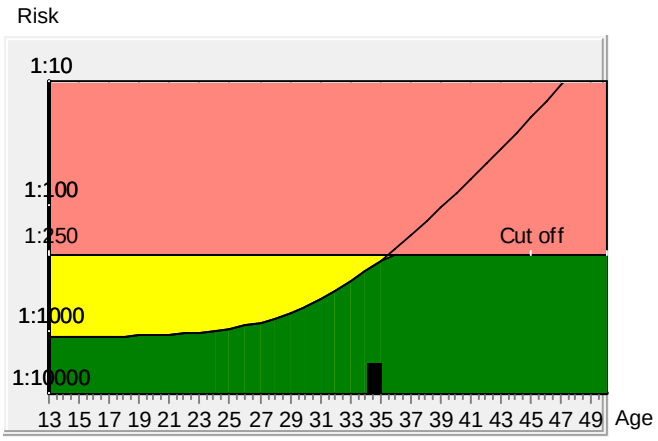
Name	DUMMY...			Race	Asian
Ref. By				IVF	no
Lab. No.	133434963	Diabetes	no	Smoking	no
Date of Birth	15/08/82	Weight	55 kg	Previous Trisomy 21 pregancies	no
Age at Sample Date	34.7 Years	Twins	No	Sampling Date	18/04/17

Measured Serum Values, Corrected MOM's and Risk Evaluation

Analyte	Value	Unit	Corr. MOM's
PAPP-A	2.1	mIU/ml	0.51
Free ß HCG	32.0	ng/ml	0.77

Ultrasound Data

Ultrasound Date	18/04/17	Nuchal Translucency	1.60 mm
CRL	62 mm	NT MoM's	1.00 MoM
Gestational Age by CRL	12 + 3	Nasal Bone	present
Gestation age on the day of serum taking	12 + 3	Measured by	RADIOLOGIST



Risk at sampling date

Trisomy 21 + NT risk (Biochemical + NT) 1:2745
Trisomy 21 (Biochemical) 1:629
Trisomy 13/18 + NT (Bicohemical + NT) <1:10000
Age Risk 1:291

TRISOMY 21 SCREENING
SCREEN NEGATIVE

The calculated risk for Trisomy 21 (with nuchal translucency) is below the cut off, which indicates a low risk.

After the result of the Trisomy 21 test (with NT) it is expected that among 2745 women with the same data, there is one woman with a trisomy 21 pregnancy and 2744 women with not affected pregnancies.

The calculated risk by PRISCA depends on the accuracy of the information provided by the referring physician.

Please note that Risk calculations are statistical approaches and have limited diagnostics value.

TRISOMY 18 SCREENING
SCREEN NEGATIVE

The calculated risk for trisomy 13/18 (with nuchal translucency) is < 1:10000, which represents a low risk.

Note : The patient combined risk presumes the NT measurement was done according to accepted guidelines (Prenat Diag 18:511-523(1998)).

COMMENTS:

DR. NIMMI KANSAL

AUTHORIZED BY

Report Printing Date: 18. Apr 2017 PRISCA 5.0.3.1 Dr. Lal Pathlabs Pvt. Ltd.

below cut off | Below Cut Off, but above Age Risk | above cut off