# LABORATORY REPORT

Redcliffe labs

| | | | |
|---|---|---|---|
| Patient Name | : **Ms Dummy** | | |
| DOB/Age/Gender | : 28 Y/Female | Bill Date | : Feb 08, 2024, 12:25 PM |
| Patient ID / UHID | : XXX | Sample Collected | : Feb 11, 2024, 01:12 PM |
| Referred By | : Dr. | Sample Received | : Feb 11, 2024, 04:31 PM |
| Sample Type | : Serum | Report Date | : Feb 13, 2024, 01:55 PM |
| Barcode No | : XXX | Report Status | : Final Report |

MC-5280

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|

## SPECIAL ASSAY REPORT

### Double Marker Test

| | | |
|---|---|---|
| Free Beta HCG<br>Method : ECLIA | 20.2 | IU/L |
| PAPPa (Pregnancy Associated Plasma Protein)<br>Method : ECLIA | 1971 | mIU/L |

**Interpretation:**

| | |
|---|---|
| T21 | Screen Negative |
| T18/T13 | Screen Negative |

**Risk factor calculated by : SSDW Version 6.3**

**Disclaimer:**

1. This is a risk estimation test and not a diagnostic test. An increased risk result does not mean that the fetus is affected and a low risk does not mean that the fetus is unaffected, reported risk should be correlated and adjusted to the absence/presence of sonographic markers observed in the anomaly/malformation scan.
2. This interpretation assumes that patient and specimen details are accurate and correct.
3. The testing laboratory does not bear responsibility for the ultrasound measurements.

**Interpretation guidelines**

| Disorder | Screen positive Cut off (ACOG 2007) | MOM Cut off (ACOG 2007) | Remarks |
|---|---|---|---|
| Trisomy-21 | 1:250 | Free BHCG: > or = 1.98 PAPPa:< or = 0.43 | Confirmatory tests needed under doctor's advise |
| Trisomy-18 / Trisomy-13 | 1:100 | Free BHCG: < or = 0.5 PAPPa: < or = 0.4 | Level-III ultrasound needed for confirmation |

**Note**

All Lab results are subject to clinical interpretation by a qualified medical professional & This report is not subject to use for any medico-legal purpose.
FMF Accredited ROCHE Platform is used to measure the biochemical Marker
Statistical evaluation has been done by using SSDW Lab Version 6.3
Maternal Biochemical Marker's Screening is based on Statistical analysis & demographic & biochemical data of the Patient & only indicates a high or low-risk category, CUS is recommended for Confirmation & Screen Positives.
Multiples & Median ( MOM ) are measured by accounting. Variables like Gestational age / Maternal weight / Multiple gestation / IVF or Not / Ultrasound / Smoking stand Previous history & T21, hence Accurate availability & this data is very important for risk Calculation.
Ideal sampling time is between 10 weeks to 13 weeks plus 6 days of gestation and requires a crown-rump length between approximately 40mm to 85 mm.
The detection rate for Down syndrome is 60% with a false positive rate of 5% if the only biochemical risk is estimated. A combination of Nuchal translucency and biochemical tests (Combined test) has a detection rate of Down syndrome 82 to 87% at a 5% false-positive rate. The addition of absent nasal bone status can improve the detection rate up to 93% at false-positive rate of 2.5%



Dr. Islam Barkatullah Khan
MD (Pathology)
Consultant Pathologist

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1. Statistical risk factor calculation for Trisomy 21 (Down's syndrome), Trisomy 18 (Edward Syndrome) and Trisomy 13 (Patau Syndrome) has been done using Fetal Medicine Foundation (FMF) approved assays using Roche Cobas Analyser
2. The statistical risk evaluation requires Maternal age to be decimalised for months, to be represented as Age at sampling & conversion of maternal hormonal values to mean of medians(MOMs). The MoMs are further calculated using Indian medians,



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# First Trimester Screening results

## Patient data

| | | | |
|---|---|---|---|
| **Name and surname:** | Mrs Dummy | **Weight:** | 55 Kg. |
| **PIC:** | XXX | **Race/Ethnicity:** | INDIAN |
| **Date of birth:** | 03/02/1997 (27 years in the DoB) | **Diabetes:** | Not informed |
| **Type of Pregnancy:** | Spontaneus | **Smoker:** | Not informed |
| **Previous History:** | None | **Ovulation Ind.:** | No |

## Biochemical data

| | | | | |
|---|---|---|---|---|
| **Extraction date:** | 10/02/2024 | | **Gestational age:** | 12 weeks and 5 days |
| **Laboratory code:** | XXX | | | |
| **Free beta hCG 1T:** | 20.2 IU/L | 0.6 MoM | | |
| **PAPP-A:** | 1971 mIU/L | 0.53 MoM | | |

## Ultrasound data

| | | | | |
|---|---|---|---|---|
| **Ultrasound date:** | 06/02/2024 | | **Gestational age:** | 12 weeks and 1 day |
| **CRL:** | 55 mm | | | |
| **Nuchal Translucency:** | 1.6 mm | 1.1 MoM | | |

## Dichotomous markers

Absent nasal bones=**No**.

## Risk report (At term)

| *Risk type* | *Probability* | *Result* | *Graphic representation* |
|---|---|---|---|
| **Trisomy 21 age risk:** | 1/1206 | | **1/1206** |
| **Trisomy 21:** | **< 1/10000** | **Low Risk** | **< 1/10000** 250 |
| **Trisomy 18/13:** | **< 1/100000** | **Low Risk** | **< 1/100000** 100 |

## Observations

**Low Risk.**

The risk index is a statistical calculation and has no diagnostic value.

| | | | |
|---|---|---|---|
| **Report validated by:** | Sonu Upadhyay | **Printing date:** | 13/02/2024 |