

Patient Name : **Ms Dummy**
 DOB/Age/Gender : 23 Y/Female
 Patient ID / UHID : XXX
 Referred By : Dr.
 Sample Type : Serum
 Barcode No : XXX

Bill Date : Feb 02, 2024, 07:50 PM
 Sample Collected : Feb 03, 2024, 08:53 AM
 Sample Received : Feb 03, 2024, 12:38 PM
 Report Date : Feb 04, 2024, 02:37 PM
 Report Status : Final Report



Test Description	Value(s)	Unit(s)	Reference Range
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SPECIAL ASSAY REPORT

Quadruple Marker Test- Beckman (Benetech)

AFP-Alpha Feto Protein Method : CLIA	37.6	ng/mL
uE3, unconjugated Estriol Method : CLIA	3.70	ng/mL
Beta HCG (Total) Method : CLIA	29597	mIU/mL
Inhibin A Method : CLIA	197.5	pg/mL

Interpretation:

Disorder	Risk Assessment
Trisomy 21	Low risk
Trisomy 18	Low risk
Open NTD	Low risk

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:

Risk factor calculated by : Benetech PRA 3.4.0.3

Disorder	Screen positive Cut off(ACOG2007)	Remarks
Trisomy-21	1:250 for all age groups AFP MoM < or=0.74, HCG MoM > or=2.06 UE3 MoM < or=0.75, Inhibin A: >or =1.77	Confirmatory tests needed under doctor's advise
Trisomy-18	1:100 for all age groups AFP MoM < or=0.65, HCG MoM < or=0.36 UE3 MoM < or=0.4	Maternal ultrasound needed for confirmation

Dr. Islam Barkatullah Khan

Dr. Islam Barkatullah Khan
MD (Pathology)
Consultant Pathologist



Booking Centre :- HOME COLLECTION - NOIDA - F10166

Processing Lab :- Redcliffe Lifetech Pvt. Ltd., H-55, Sector-63, Noida, Uttar Pradesh - 201301

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All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

LABORATORY REPORT

Patient Name : Ms Dummy
DOB/Age/Gender : 23 Y/Female
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Test Description	Value(s)	Unit(s)	Reference Range
Open Neural Tube Defect	AFP MoM above 2.5	Scan of Rachis recommended	

Interpretation Guidelines :

1. Statistical risk factor calculation for Trisomy 21 (Down's syndrome), Trisomy 18 (Edward Syndrome), and Open Neural tube defect has been done using CE approved Benetech PRA 3.4.0.3
2. Statistical evaluation enclosed being more informative, the reference ranges for the biochemical parameters are not quoted on the report.
3. All software may not give similar risk factor for the similar data.
4. This is a screening test and hence confirmation of screen positives is recommended.
5. The test offers detection rate of 81% and hence occasional false negatives are likely.
6. It is advisable to ask for repeat calculations (not the test), in case history provided is not correct. For better reliability of results, it is advised to carry out analysis between 15&17 weeks.
7. 1:250 risk factor means : Out of 250 women having similar results and history, 1 may have abnormality.

Note : Graph Enclosed

Limitations : Following factors affect maternal hormonal (MoM) levels & hence to be considered during interpretation.

Maternal Factors	Fetal Factors	Placental Factors
Weight, Gestational Hypertension and Diabetes, Chronic Liver Diseases, uterine fibroids, Ovarian tumour	Correct Gestational Age, More than 2 fetuses IUGR, Oligohydramnios, Abdominal wall defects, CAH, Smith Lemli Opitz Syndrome	Placenta Preavia, Retroplacental haemorrhage, Altered placental bloodflow

NOTE :

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As the test is screening test, confirmatory test like amniocentesis (K0006) or CVS should be considered based on findings under advise of your gynecologist

Integrated test: NIPT/S (N0023)- Non invasive prenatal screening test - Genetic screening from Maternal blood for aneuploidies-Trisomy 21, 13, 18

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QUADRUPLE MARKER

CLINICAL INFORMATION

LMP: 23/09/2023
 EDD: 27/06/2024
 GESTATIONAL AGE: 19 weeks 2 days from BPD of 43.5 mm on 02/02/2024
 MATERNAL AGE AT TERM: 24.4 years
 MATERNAL WEIGHT: 55.6 kg
 MATERNAL RACE: INDIAN
 MATERNAL HISTORY: IDDM(N), SMOKER(U), RH(U), VPA(U), SSRI(U), CBZ(U), IVF(N)
 GESTATION: Singleton
 SCREENING STATUS: Initial sample
 PARA / GRAVIDA: 0 / 0

HOSPITAL NUMBER: XXX

NAME: Ms Priya, Ray
 DOB: 06/02/2000 (DDMMYYYY)

SPECIMEN

SPECIMEN CODE: XXX
 COLLECTION DATE: 03/02/2024

RECEIVED: 03/02/2024
 REFERRING LAB #: XXX
 REPORTED: 03/02/2024

CLINICAL RESULTS

First Trimester	Assay Results	MoM	Second Trimester	Assay Results	MoM
			AFP	37.6 ng/mL	0.69
			uE3	3.70 ng/mL	1.97
			hCG	29597.0 mIU/mL	0.97
			DIA	197.5 pg/ml	0.75

Risk Assessment (at term)		Cutoff
Down Syndrome	1:14100	1:250
Age alone	1:1410	
Equivalent Age Risk	<15.0	
OSB:	1:45200	1:104(2.47 MoMs)
Trisomy 18	<1:99000	1:100

The bar chart displays the risk levels for Down Syndrome (DS), Open Spina Bifida (OSB), and Trisomy 18 (T18). The y-axis represents risk levels from 1:10 to 1:100000. The x-axis shows risk levels for DS (1:14100), OSB (1:45200), and T18 (<1:99000). The bars are colored red for DS, blue for OSB, and cyan for T18. A horizontal red line is drawn at the 1:1000 level, indicating the screening cut-off. The risk levels for DS, OSB, and T18 are all below the cut-off, indicating a screen negative result.

Interpretation* -

DOWN SYNDROME

Screen Negative

The risk of Down syndrome is LESS than the screening cut-off. No follow-up is indicated regarding this result.

OPEN SPINA BIFIDA

Screen Negative

The maternal serum AFP result is NOT elevated for a pregnancy of this gestational age. The risk of an open neural tube defect is less than the screening cut-off.

TRISOMY 18

Screen Negative

These serum marker levels are not consistent with the pattern seen in Trisomy 18 pregnancies. Maternal serum screening will detect approximately 60% of Trisomy 18 pregnancies.

Comments:

The calculated risk by Benetech PRA depends on the accuracy of the information provided by the referring physician. Please note that calculation are statistical approaches and have no diagnostic value.

Disclaimer: This is a sample report. The method and reference range in the actual report might vary as per lab accreditation or certification and equipments where sample is processed.