LABORATORY REPORT

Redcliffe labs

Patient NAME			
DOB/Age/Gender		Report STATUS	
Patient ID / UHID		Barcode NO	
Referred BY		Sample Type	
Booking Date/time		Report Date	[illegible]

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

Double Marker Test + PLGF- Roche

Free Beta HCG *ECLIA*	12.8	IU/L	
PAPPa (Pregnancy Associated Plasma Protein) *ECLIA*	3260	mIU/L	
PlGF (Placental Growth Factor) *ECLIA*	66.7	pg/mL	

Interpretation:

T21	Screen Negative
T18/T13	Screen Negative

Interpretation:

Risk of Early Preeclampsia	Screen Negative
Risk of Late Preeclampsia	Screen Negative

Interpretation:
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

Dr. Ankur Jindal (Ph.D)
Consultant Cytogenomics

Note: This is a sample report for illustrative purpose only. Actual report may vary

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

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%

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,

Disclaimer:
1. Maternal and fetal risk vary depending on the stage of pregnancy.
2. Implementing first trimester screening diminishes the risk for pre-term Preeclampsia but follow-up testing is essential.
3. Preeclampsia may still occur in pregnant women screened negative.
4. Screening will not eradicate Preeclampsia but may reduce cases of pre-term preeclampsia.

Interpretation guidelines

Condition	Screen positive Cut of
Early Preeclampsia	1:150
Late Preeclampsia	1:35

Note:
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The risks calculations are statistical approaches and have limited diagnostic value. The calculated risk by the software depends on the accuracy of USG details & patient details provided.

*** End Of Report ***

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First Trimester Screening results

Patient data

Name and surname:		**Weight:**	
PIC:		**Race/Ethnicity:**	
Date of birth:		**Diabetes:**	
Type of Pregnancy:		**Smoker:**	
Previous History:		**Ovulation Ind.:**	NO

Biochemical data

Extraction date:	24/12/2025		**Gestational age:**	12 weeks and 5 days
Laboratory code:	RL07849694			
Free beta hCG 1T:	12.8 IU/L	0.44 MoM		
PAPP-A:	3260 mIU/L	1.04 MoM		

Ultrasound data

Ultrasound date:	24/12/2025		**Gestational age:**	12 weeks and 5 days
CRL:	63.9 mm			
Nuchal Translucency:	1.1 mm	0.67 MoM (Truncated at 0.78 MoMs)		

Dichotomous markers

Absent nasal bones=**No**.

Risk report (At term)

Risk type	*Probability*	*Result*	*Graphic representation*
Trisomy 21 age risk:	1/1089		**1/1089**
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:	Admin Noida	**Printing date:**	26/12/2025

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Preeclampsia screening results

Patient data

Name and surname:		**Weight:**	
PIC:		**Race/Ethnicity:**	
Date of birth:		**Diabetes:**	
Type of Pregnancy:		**Smoker:**	
Previous History:	None	**Ovulation Ind.:**	

Blood Pressure

Measurement date:	24/12/2025		**Gestational age:**	12 weeks and 5 days
Average Blood Pressure:	92 mm/Hg	1.15 MoM		

Biochemical data

Extraction date:	24/12/2025		**Gestational age:**	12 weeks and 5 days
Laboratory code:	RL07849694.			
PAPP-A:	3260 mIU/L	1.04 MoM		
PlGF:	66.7 pg/ml	1.49 MoM		

Ultrasound data

Ultrasound date:	24/12/2025		**Gestational age:**	12 weeks and 5 days
CRL:	63.9 mm			
Uterine Artery Doppler:	1.49 IP	1.05 MoM		

Dichotomous markers

Maternal: Afro-Caribbean=**No**.

Risk report

Risk type	*Probability*	*Result*	*Graphic representation*
Early Preeclampsia:	**1/3135**	**Low Risk**	**1/3135** 150
Late Preeclampsia:	**1/75**	**Low Risk**	**1/75** 35

Observations

Low Risk.

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

Report validated by:	Admin Noida	**Printing date:**	26/12/2025

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2. It is to be presumed that the tests performed pertain to the specimen/sample attributed to the Customer's name or identification. It is presumed that the verification particulars have been cleared out by the customer or his/her representation at the point of generation of said specimen / sample. It is hereby clarified that the reports furnished are restricted solely to the given specimen only.

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