

Patient NAME	Report STATUS
DOB/Age/Gender	Barcode NO
Patient ID / UHID	Sample Type
Referred BY	Report Date
Sample Collected	

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

### 1T Penta Marker- AutoDELFI (LifeCycle)

Alpha-fetoprotein (AFP) TRFI	17.6	U/mL	
Beta HCG Free TRFI	60	ng/mL	
Pregnancy Associated Plasma Protein(PAPP-A) TRFI	2140	mU/L	
Placental growth factor (PIGF) TRFI	52.5	pg/mL	
Inhibin TRFI	1089	pg/mL	

**Method** - Time Resolve Fluorescence Immunoassay (Auto DELFIA)  
**Software used for risk calculation** : Life Cycle 7.0 REV.6


Disorder	Interpretation	Disorder	Interpretation
DOWN'S SYNDROME (T21)	LOW RISK	PRE-ECLAMPSIA <32	LOW RISK
EDWARD'S SYNDROME (T18)	LOW RISK	PRE-ECLAMPSIA <34	LOW RISK
PATAU'S SYNDROME (T13)	LOW RISK	PRE-ECLAMPSIA <37	HIGH RISK
TURNER' SYNDROME NON-HYDROPS	LOW RISK	PRE-ECLAMPSIA >=37	HIGH RISK

### KINDLY CORRELATE CLINICALLY.

**Interpretation:**  
**GUIDE FOR RISK STRATIFICATION**  
 -Screen Positive or Screen Negative is based on the Risk Cut-Off. The strategy of Risk Interpretation is as follows

Disorder	Screen Positive cut-off
Trisomy T21	1:250
Trisomy T18 / T13	1:100
Pre-eclampsia <32/ <34 /<37	1:100
TS non-hydrops	1:100
Pre-eclampsia >=37	1:50

- Note:**
- All lab results are subject to clinical interpretation by a quali accredited Perkin Elmer platform is used to measure the biocher not subject to use for any medico-legal purpose. FMF en done by using Life Cycle software.
  - Maternal biochemical marker's screening is based on statistic risk category. A confirmatory test CVS/Amniocentesis is recom il data of the patient. They only indicates a high and low e patient.
  - Multiples of Median ( MOM ) are measured by accounting vari ght / multiple gestation / IVF or not / ultrasound / smoking stand previous history & T21, hence accurate availability & this data is very important for risk calculation.

  
 Dr. Poulami Sarkar  
 MBBS,MD (Biochemistry)  
 Consultant Biochemist

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

Patient NAME	Report STATUS
DOB/Age/Gender	Barcode NO
Patient ID / UHID	Sample Type
Referred BY	Report Date
Sample Collected	

Test Description	Value(s)	Unit(s)	Reference Range
<p>4. Ideal sampling time is between 11 weeks to 13 weeks 6 days of gestation and requires a crown-rump length between approximately 40mm to 80 mm.</p> <p>5. 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%.</p> <p><b>Comments</b></p> <p>1. Statistical risk factor calculation for any fetus is screened positive for trisomy 21 (Down's syndrome), trisomy 18 (Edward Syndrome) and trisomy 13 (Patau Syndrome) further confirmation ,evaluation and follow up is required in that cases.</p> <p>2. The statistical risk evaluation requires maternal age to be decimalised for months, to be represented as age at sampling &amp; conversion of maternal hormonal values to mean of medians(MOMs). The MoMs are further calculated using Indian medians.</p> <p>3. 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.</p>			

\*\*\* End Of Report \*\*\*

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



Dr. Poulami Sarkar  
 MBBS,MD (Biochemistry)  
 Consultant Biochemist  
 NMC Certificate No. 24-005955

**Requestor: -, -**

REQUESTOR: -	DOCTOR: -	REQUESTOR CODE: -	REQUESTOR TYPE: -
REQUESTOR PHONE 1: -	FACILITY: -		

**Pregnancy, Calculated EDD: 29/05/2026 (MAEDD: 25.62)**

MAEDD: <b>25.62</b>	CALCULATED EDD: <b>29/05/2026</b>	GEST. DATE: <b>22/08/2025</b>	SELECTED GEST. METHOD: <b>CRL</b>
LMP DATE: <b>25/07/2025</b>	SMOKING STATUS: <b>Non smoker</b>	INSULIN DEP. DIABETIC: <b>No</b>	NO. OF FETUSES: <b>1</b>
MONOZYGOUS: <b>No</b>	CHORIONICITY: -	CORRECTED BY CHORIONICITY: -	FERTILIZATION DATE: -
MATERNAL WEIGHT [KG]: <b>48</b>	HEIGHT [CM]: <b>152.4</b>	DIABETES TYPE II: <b>No</b>	INSULIN TREATMENT FOR TYPE II DIABETES: <b>No</b>
CONCEPTION METHOD: <b>Spontaneous</b>	MOTHER OF PATIENT HAD PRE-ECLAMPSIA: <b>No</b>	CHRONIC HYPERTENSION: <b>No</b>	SYSTEMIC LUPUS ERYTHEMATOSUS: <b>No</b>
ANTI-PHOSPHOLIPID SYNDROME: <b>No</b>	PAST NO. OF PREGNANCIES ≥ 24 WEEKS: -	PREV. PREG. PRE-ECLAMPSIA: -	PREV. PREG. DELIVERY DATE: -
INTER-PREGNANCY INTERVAL [YEARS]: -	PREV. PREG. GEST. AT DELIVERY: <b>0 w 0 d</b>	PREV. PREG. BABY WEIGHT [G]: -	BIRTH WEIGHT Z-SCORE: -
ASSISTANCE METHOD: -	TRANSFER DATE: -	EGG EXTRACTION DATE: -	EGG DONOR DOB: -
AGE AT EXTRACTION: -	PAST T21 - DOWN'S SYNDROME: <b>No</b>	PAST T18 - EDWARDS' SYNDROME: <b>No</b>	PAST T13 - PATAU'S SYNDROME: <b>No</b>
PAST CDLS - CORNELIA DE LANGE SYNDROME: <b>No</b>	PAST SLOS - SMITH-LEMLI-OPITZ SYNDROME: <b>No</b>	PAST TR - TRIPLOIDY: <b>No</b>	PAST TS - TURNER'S SYNDROME: <b>No</b>
RISK ASSESSED: <b>At term</b>	SCREENING PROTOCOL: <b>Screening_4.0</b>		

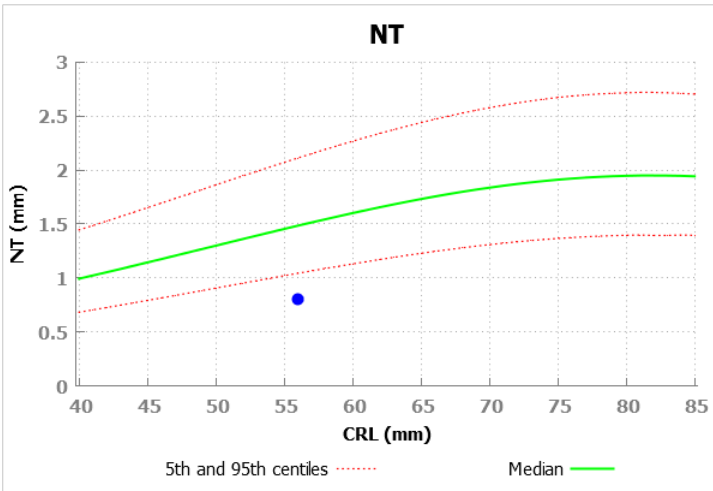
**Ultrasound**

SCAN DATE: <b>16/11/2025</b>	CRL: <b>56.9</b>	BPD: -	HC: -
GEST. AT SAMPLE DATE (W + D): <b>12 w 2 d</b>	CRL (#2): -	BPD (#2): -	HC (#2): -
GEST. AT MANUAL ENTRY (W + D): <b>0 w 0 d</b>	WEIGHT [KG]: <b>48</b>	AC: -	AC (#2): -

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

**Tests**

TEST	SAMPLE ID	DATE	GEST. AT SAMPLE DATE (W + D)	VALUE	UNIT	CORR. MOM	WEIGHT [KG]
AFP (Signed)	RL06887042	17/11/2025	12 w 3 d	17.6	U/mL	1.08	48
hCGb (Signed)	RL06887042	17/11/2025	12 w 3 d	60	ng/mL	1.1	48
INHIBIN (Signed)	RL06887042	17/11/2025	12 w 3 d	1089	pg/mL	2.45	48
PAPP-A (Signed)	RL06887042	17/11/2025	12 w 3 d	2140	mU/L	0.51	48
PIGF (Signed)	RL06887042	17/11/2025	12 w 3 d	52.5	pg/mL	0.92	48
NB (Signed)	-	16/11/2025	12 w 2 d	Present	-	-	48
NT (Signed)	-	16/11/2025	12 w 2 d	0.8	mm	0.62	48
UTPi (Signed)	-	16/11/2025	12 w 2 d	2.15	-	1.48	48



Distribution median, 5th and 95th centiles obtained from publication: Wright D, Kagan KO, Molina FS, Gazzoni A, Nicolaidis KH. A mixture model of nuchal translucency thickness in screening for chromosomal defects. Ultrasound Obstet Gynecol 2008;31:376-83

**Risks, Risk assessed: At term**

RISK NAME: <b>T21 (Signed)</b>	RISK RESULT: <b>Low</b>	RISK: <b>1:2963</b>	TWIN RISK RESULT: -	TWIN RISK: -	AGE RISK: <b>1:1344</b>	CUT-OFF: <b>1:250</b>
RISK NAME: <b>T18 (Signed)</b>	RISK RESULT: <b>Low</b>	RISK: <b>1:100000</b>	TWIN RISK RESULT: -	TWIN RISK: -	AGE RISK: <b>1:12093</b>	CUT-OFF: <b>1:100</b>
RISK NAME: <b>T13 (Signed)</b>	RISK RESULT: <b>Low</b>	RISK: <b>1:100000</b>	TWIN RISK RESULT: -	TWIN RISK: -	AGE RISK: <b>1:36324</b>	CUT-OFF: <b>1:100</b>

REPORT CREATED BY:  
Krishan Kumar

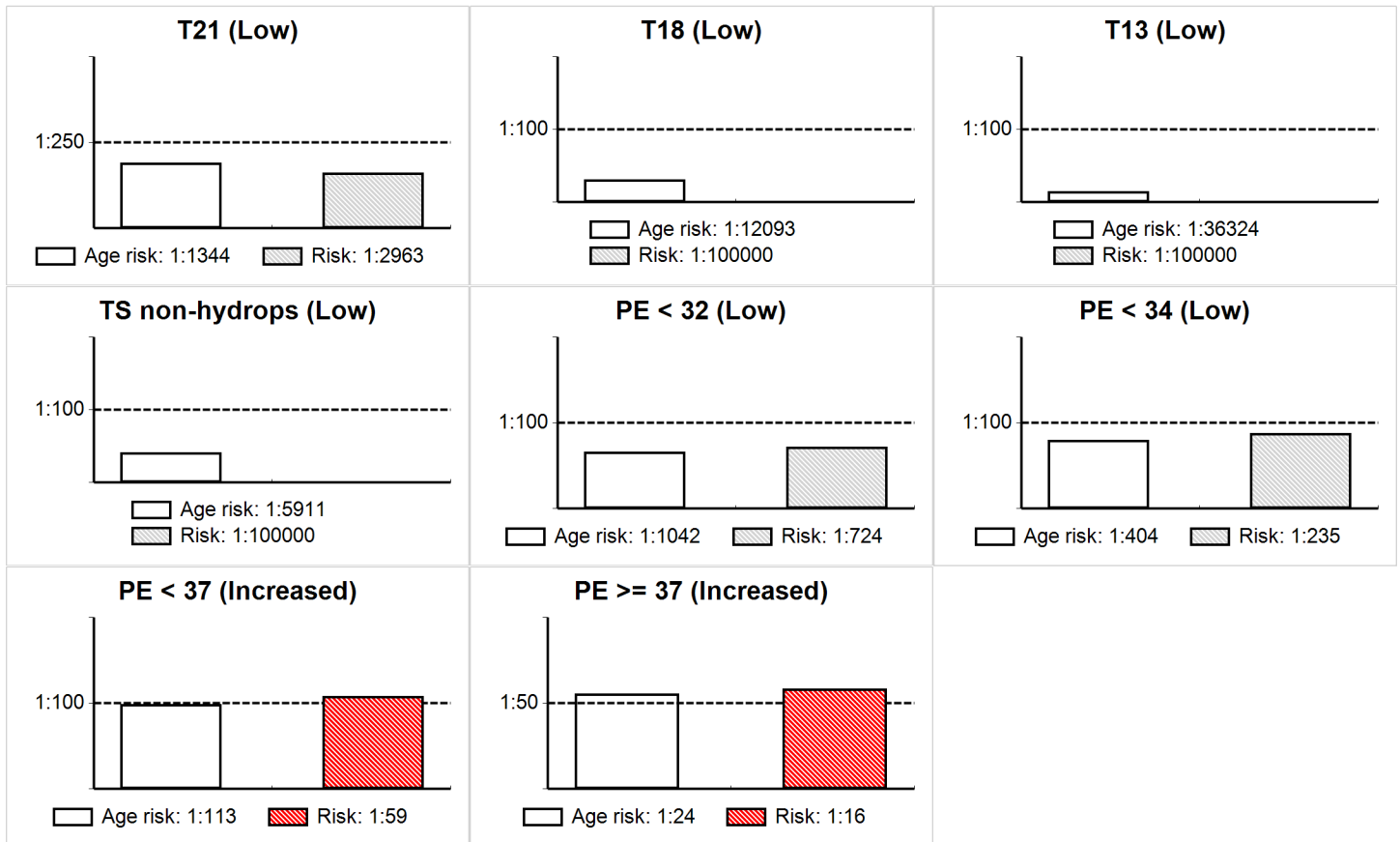
REPORT CREATED AT:  
22/11/2025 11:14

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

PATIENT REPORT

22/11/2025

RISK NAME: <b>TS non-hydrops (Signed)</b>	RISK RESULT: <b>Low</b>	RISK: <b>1:100000</b>	TWIN RISK RESULT: <b>-</b>	TWIN RISK: <b>-</b>	AGE RISK: <b>1:5911</b>	CUT-OFF: <b>1:100</b>
RISK NAME: <b>PE &lt; 32 (Signed)</b>	RISK RESULT: <b>Low</b>	RISK: <b>1:724</b>	TWIN RISK RESULT: <b>-</b>	TWIN RISK: <b>-</b>	AGE RISK: <b>1:1042</b>	CUT-OFF: <b>1:100</b>
RISK NAME: <b>PE &lt; 34 (Signed)</b>	RISK RESULT: <b>Low</b>	RISK: <b>1:235</b>	TWIN RISK RESULT: <b>-</b>	TWIN RISK: <b>-</b>	AGE RISK: <b>1:404</b>	CUT-OFF: <b>1:100</b>
RISK NAME: <b>PE &lt; 37 (Signed)</b>	RISK RESULT: <b>Increased</b>	RISK: <b>1:59</b>	TWIN RISK RESULT: <b>-</b>	TWIN RISK: <b>-</b>	AGE RISK: <b>1:113</b>	CUT-OFF: <b>1:100</b>
RISK NAME: <b>PE &gt;= 37 (Signed)</b>	RISK RESULT: <b>Increased</b>	RISK: <b>1:16</b>	TWIN RISK RESULT: <b>-</b>	TWIN RISK: <b>-</b>	AGE RISK: <b>1:24</b>	CUT-OFF: <b>1:50</b>



PLEASE NOTE:

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

REPORT CREATED BY:  
Krishan Kumar

REPORT CREATED AT:  
22/11/2025 11:14

# Terms and Conditions of Reporting

1. The presented findings in the Reports are intended solely for informational and interpretational purposes by the referring physician or other qualified medical professionals possessing a comprehensive understanding of reporting units, reference ranges, and technological limitations. The laboratory shall not be held liable for any interpretation or misinterpretation of the results, nor for any consequential or incidental damages arising from such interpretation.
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.
3. It is to be noted that variations in results may occur between different laboratories and over time, even for the same parameter for the same Customer. The assays are performed and conducted in accordance with standard procedures, and the reported outcomes are contingent on the specific individual assay methods and equipment(s) used, as well as the quality of the received specimen.
4. This report shall not be deemed valid or admissible for any medico-legal purposes.
5. The Customers assume full responsibility for apprising the Company of any factors that may impact the test finding. These factors, among others, includes dietary intake, alcohol, or medication / drug(s) consumption, or fasting. This list of factors is only representative and not exhaustive.

---

## DISCLAIMER

This is a sample report provided for demonstration purposes only and does not represent an actual patient report. Test results, reference ranges, methodologies, instrumentation, and report formats may vary depending on the laboratory performing the test. The format and representation shown are indicative of reports generated by the National Reference Laboratory of Redcliffe Labs, Noida. This sample report should not be used for medical interpretation, diagnosis, or treatment decisions.