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

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

Combined Screening- AutoDELFIA (LifeCycle)

Beta HCG Free *TRFI*	42.84	ng/mL	
Pregnancy Associated Plasma Protein(PAPP-A) *TRFI*	2070	mU/L	

Method - Time Resolve Fluorescence Immunoassay

Disorder	Cutoff	Interpretation
Trisomy 21 risk (Biochemical + NT)	1:250	Screen Negative
Trisomy 18 (Biochemical + NT)	1:100	Screen Negative
Trisomy 13 (Biochemical + NT)	1:100	Screen Negative

Interpretation:
Software used for risk calculation : Life Cycle 7.0 REV. 6

Note:
1. 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 Perkin Elmer Platform is used to measure the biochemical marker statistical evaluation has been done by using Life Cycle software.

2. Maternal biochemical marker's screening is based on statistical analysis & demographic & biochemical data of the patient. They only indicates a high and low risk category. A confirmatory test CVS/Amniocentesis is recommended for confirmation of screen positive patient.

3. Multiples of 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.

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.

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%.

Comments
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.

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.

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.

Dr. Ankur Jindal (Ph.D)
Consultant Cytogenomics

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

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

*** End Of Report ***

Dr. Ankur Jindal (Ph.D)
Consultant Cytogenomics

PATIENT REPORT 13/01/2026

Requestor: -, -

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

Patient

Pregnancy, Calculated EDD: 20/07/2026 (MAEDD: 29.88)

MAEDD:	CALCULATED EDD:	GEST. DATE:	SELECTED GEST. METHOD:
29.88	**20/07/2026**	**13/10/2025**	**CRL**
LMP DATE:	SMOKING STATUS:	INSULIN DEP. DIABETIC:	NO. OF FETUSES:
12/10/2025	**Non smoker**	**No**	**1**
MONOZYGOUS:	CHORIONICITY:	CORRECTED BY CHORIONICITY:	FERTILIZATION DATE:
No	-	-	-
MATERNAL WEIGHT [KG]:	HEIGHT [CM]:	DIABETES TYPE II:	INSULIN TREATMENT FOR TYPE II DIABETES:
70.4	**158**	**No**	**No**
CONCEPTION METHOD:	MOTHER OF PATIENT HAD PRE-ECLAMPSIA:	CHRONIC HYPERTENSION:	SYSTEMIC LUPUS ERYTHEMATOSUS:
Spontaneous	**No**	**No**	**No**
ANTI-PHOSPHOLIPID SYNDROME:	PAST NO. OF PREGNANCIES ≥ 24 WEEKS:	PREV. PREG. PRE-ECLAMPSIA:	PREV. PREG. DELIVERY DATE:
No	-	-	-
INTER-PREGNANCY INTERVAL [YEARS]:	PREV. PREG. GEST. AT DELIVERY:	PREV. PREG. BABY WEIGHT [G]:	BIRTH WEIGHT Z-SCORE:
-	**0 w 0 d**	-	-
ASSISTANCE METHOD:	TRANSFER DATE:	EGG EXTRACTION DATE:	EGG DONOR DOB:
-	-	-	-
AGE AT EXTRACTION:	PAST T21 - DOWN'S SYNDROME:	PAST T18 - EDWARDS' SYNDROME:	PAST T13 - PATAU'S SYNDROME:
-	**No**	**No**	**No**
PAST CDLS - CORNELIA DE LANGE SYNDROME:	PAST SLOS - SMITH-LEMLI-OPITZ SYNDROME:	PAST TR - TRIPLOIDY:	PAST TS - TURNER'S SYNDROME:
No	**No**	**No**	**No**
RISK ASSESSED:	SCREENING PROTOCOL:		
At term	**Screening_4.0**		

Ultrasound

SCAN DATE:	CRL:	BPD:	HC:
08/01/2026	**60**	-	-
GEST. AT SAMPLE DATE (W + D):	CRL (#2):	BPD (#2):	HC (#2):
12 w 3 d	-	-	-
GEST. AT MANUAL ENTRY (W + D):	WEIGHT [KG]:	AC:	AC (#2):
0 w 0 d	**70.4**	-	-

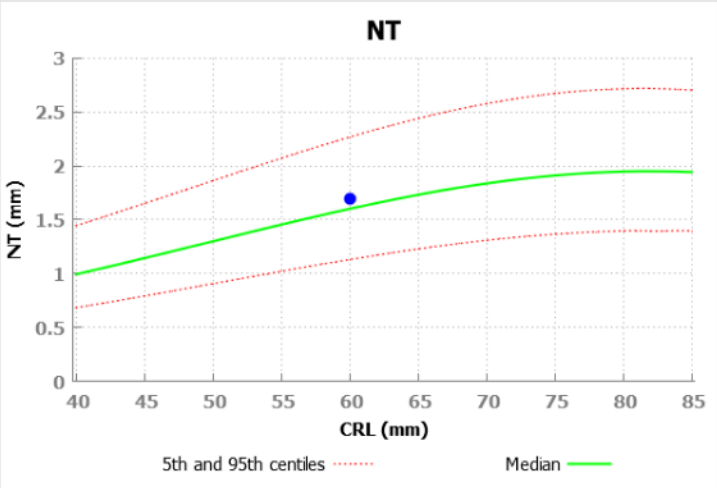
Tests

REPORT CREATED BY:
Krishan Kumar

REPORT CREATED AT:
13/01/2026 11:07

PATIENT REPORT **13/01/2026**

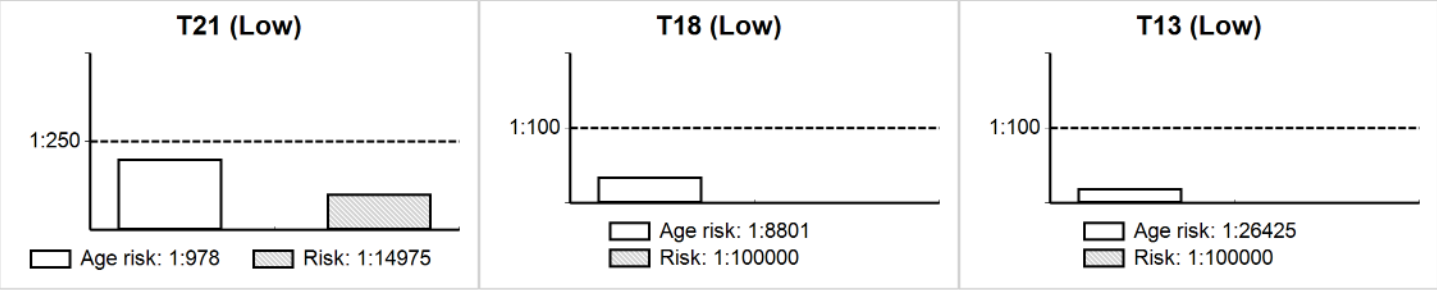
TEST	SAMPLE ID	DATE	GEST. AT SAMPLE DATE (W + D)	VALUE	UNIT	CORR. MOM	WEIGHT [KG]
hCGb (Signed)	**RL08213464**	**08/01/2026**	**12 w 3 d**	**42.84**	**ng/mL**	**1.09**	**70.4**
PAPP-A (Signed)	**RL08213464**	**08/01/2026**	**12 w 3 d**	**2070**	**mU/L**	**0.89**	**70.4**
NB (Signed)	**-**	**08/01/2026**	**12 w 3 d**	**Present**	**-**	**-**	**70.4**
NT (Signed)	**-**	**08/01/2026**	**12 w 3 d**	**1.7**	**mm**	**1.27**	**70.4**



Distribution median, 5th and 95th centiles obtained from publication: Wright D, Kagan KO, Molina FS, Gazzoni A, Nicolaides 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:	RISK RESULT:	RISK:	TWIN RISK RESULT:	TWIN RISK:	AGE RISK:	CUT-OFF:
T21 (Signed)	**Low**	**1:14975**	**-**	**-**	**1:978**	**1:250**
T18 (Signed)	**Low**	**1:100000**	**-**	**-**	**1:8801**	**1:100**
T13 (Signed)	**Low**	**1:100000**	**-**	**-**	**1:26425**	**1:100**



PLEASE NOTE:

REPORT CREATED BY:
Krishan Kumar

REPORT CREATED AT:
13/01/2026 11:07

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.

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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.