LABORATORY REPORT

MC-5280

Redcliffe labs

Patient Name	:	Bill Date	:
DOB/Age/Gender	:	Sample Collected	:
Patient ID / UHID	:	Sample Received	:
Referred By	:	Report Date	:
Sample Type	:	Barcode No	:
Client	:	Report Status	:

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

SPECIAL ASSAY REPORT

Double Marker Test

Free Beta HCG Method : ECLIA	40	IU/L
PAPPa (Pregnancy Associated Plasma Protein) Method : ECLIA	8548	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
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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CONSULTANT PATHOLOGIST

First Trimester Screening results

Patient data

Name and surname:		**Weight:**	58 Kg.
PIC:		**Race/Ethnicity:**	INDIAN
Date of birth:	01/10/2000 (23 years in the DoB)	**Diabetes:**	Not informed
Type of Pregnancy:	Spontaneus	**Smoker:**	Not informed
Previous History:	None	**Ovulation Ind.:**	No

Biochemical data

Extraction date:	06/06/2023		**Gestational age:**	12 weeks and 2 days
Laboratory code:				
Free beta hCG 1T:	40 IU/L	1.15 MoM		
PAPP-A:	8548 mIU/L	2.83 MoM		

Ultrasound data

Ultrasound date:	05/06/2023		**Gestational age:**	12 weeks and 1 day
CRL:	56 mm			
Nuchal Translucency:	1.8 mm	1.22 MoM		

Dichotomous markers

Absent nasal bones=**No**.

Risk report (At term)

Risk type	*Probability*	*Result*	*Graphic representation*
Trisomy 21 age risk:	1/1459		1/1459
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:	Krishna Pandit	**Printing date:**	07/06/2023

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.

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

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