



NAME : Mrs. KANCHAN KUSHWHA AGE/ GENDER : 24 YRS/TEMALE PATIENT ID : 1586401 COLLECTED BY :: REG. NO./TAB NO. : 012408210021 REFEREED BY :: REG. TRATION DATE : 21/Aug/2024 11:07A BARCODE NO. : 01515408 COLLECTION DATE : 21/Aug/2024 11:07A BARCODE NO. : 01515408 COLLECTION DATE : 21/Aug/2024 11:07A CLIENT CODE : KOS DIAGNOSTIC LAB REPORTING DATE : 21/Aug/2024 11:07A CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit Biological Rel COLADRUPLE MARKER MATERNAL SCREENING OUADRUPLE MARKER MATERNAL SCREENING OUADRUPLE MARKER PATEINT SPECIFICATIONS DATE OF BIRH 01/01/99 MATERNAL AGE 26.1 YEARS WEIGHT 60 Kg ETHNIC ORIGIN ASIAN ASIAN ASIAN H/O IVF ABSENT H/O INSULIN DEPENDANT DIABETES ABSENT H/O INSUNS 21 SCREENING ABSENT H/O INSUM SCAN DETAILS DATE OF ULTRASOUND SCAN DETAILS by ULTRASOUND SCAN DETAILS DATE OF ULTRASOUND SCAN DETAILS by ULTRASOUND SCAN DETAILS DATE OF ULTRASOUND SCAN DETAILS by ULTRASOUND SCAN ETHOLO FOR GESTATION AGE ESTIMATION ULTRASOUND SCAN DETAILS by ULTRASOUND SCAN ETHOLO POR GESTATION AGE ESTIMATION by ULTRASOUND SCAN ETHOLO POR SAMPLE COLLECTION 17.1 WEEKS by ULTRASOUND SCAN ETHOLO POR SAMPLE COLLECTION 17.1 WEEKS by ULTRASOUND SCAN ETHOLO POR SAMPLE COLLECTION 17.1 MEEKS by ULTRASOUND SCAN ETHOLO POR CESTATION AGE ESTIMATION by ULTRASOU		
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by CLIA (CHEMILUMINESCENCE IMMUNOASSAY) BETA HCG 32152 mIU/mL		

DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY) DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS , MD (PATHOLOGY)

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	Dr. Vinay Cho MD (Pathology & Chairman & Cons	Microbiology) MD (Pathology)				
NAME	: Mrs. KANCHAN KUSHWHA					
AGE/ GENDER	: 24 YRS/FEMALE	PATIEN	NT ID	: 1586401		
COLLECTED BY	:	REG. N	D./LAB NO.	: 012408210021		
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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	MBALA CANTT				
Test Name		Value	Unit	Biological Reference interval		
		158				
INHIBIN A by clia (Chemilumin <u>MULTIPLE OF MEDI/</u>	escence immunoassay) AN (MOM) VALUES	158	pg/mL			
AFP MOM by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)		1.03				
ESTRIOL (uE3) MOM by CLIA (CHEMILUMIN	 ESCENCE IMMUNOASSAY)	1.03				
BETA HCG MOM by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)		1.12				
INHIBIN A MOM						
TRISOMY 21 SCREE	NING (DOWNS SYNDROME) RISK	ASSESSMENT				
TRISOMY 21 SCREEN		NEGATIVE (-ve)		NEGATIVE (-ve)		
TRISOMY 21 AGE RIS	by CLIA (CHEMILUMINESCENCE IMMUNOASSAY) TRISOMY 21 AGE RISK by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)		(-ve)			
TRISOMY 21 BIOCHE by CLIA (CHEMILUMIN		1:7848 NEGATIVE	(-ve)	RISK CUT OFF 1:270		
TRISOMY 18 AGE RISK		NEGATIVE (-ve)				
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY) TRISOMY 18 SCREENING RISK by CLIA (CHEMILUMINESCENCE IMMUNOASSAY) NEURAL TUBE DEFECTS SCREENING RISK ASSESSMENT		< 1:10000 NEGATI	VE (-ve)	RISK CUT OFF 1:100		
NEURAL TUBE DEFE		NEGATIVE (-ve)		RISK CUT OFF 1:50		
SPINA BIFIDA/ANEN	CEPHALY SCREENING RISK IESCENCE IMMUNOASSAY)	< 1:10000 NEGATI	VE (-ve)	RISK CUT OFF 1:50		

INTERPRETATION:

1.Multiple marker serum has become standard tool used in obstetrica care to identify pregnancies that may have increased risk for certain birth defects such as NEURALTUBE DEFECTS (NTD'S), DOWN'S SYNDROME (TRISOMY 21) AND TRISOMY 18. The screen is performed by measuring analytes in maternal serum that are produced by the fetus and the placenta. The analytes values along with maternal demographic information such as age, weight, gestational age, diabetic status, and race are used together in mathematical model to derive risk estimate. 2.The laboratory establishes a specific cut off for each condition, which classifies each screen as either screen-positive or screen-negative. 3.A screen-positive result indicates that the value obtained exceeds the established cut off.





DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY)

KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana KOS Molecular Lab: IInd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt -133 001, Haryana 0171-2643898, +91 99910 43898 care@koshealthcare.com www.koshealthcare.com







	Dr. Vinay Cho MD (Pathology & 1 Chairman & Consu	Microbiology) M	m Chopra D (Pathology) nt Pathologist
NAME	: Mrs. KANCHAN KUSHWHA		
AGE/ GENDER	: 24 YRS/FEMALE	PATIENT ID	: 1586401
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REFERRED BY	:	REGISTRATION DATE	: 21/Aug/2024 11:07 AM
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Test Name		Value Unit	Biological Reference interval

4. The estimated risk calculation and screen results are dependent on accurate information for gestation, maternal age, race, IDD, and weight. Inaccurate information can lead to significant alterations in the estimated risk. In particular, erroneous assessment of gestational age can result in false-positive or false-negative screen results. Because of its increased accuracy, we therefore recommend determination of gestational age by ultrasound, rather than by last menstural period (LMP), When possible.

4.A negative screen indicates a lower probability of having a baby with TRISOMY 21, TRISOMY 18 and NEURAL TUBE DEFECTS, but does not completely exclude the possibility.

5.A positive screen on the contrary only indicates a higher probability of having a baby with TRISOMY 21, TRISOMY 18 and NEURAL TUBE DEFECTS, and needs confirmation by cytogenetic studies and/or level II scan.

NOTE:

1. Triplet and higher multiple pregnancies cannot be interpreted

2. The reportable range for Trisomy 21, Trisomy 18 and NTD : >1:50 to < 1:10000

3.TRISOMY 21: HIGH RISK: >1:50 - 1:250

4.TRISOMY 18: HIGH RISK: >1:50 - 1:100

5.NEURAL TUBE DEFECT (NTD'S): HIGH RISK: >1:50

6.Biological markers evaluated in this test have marked as H(HIGH) or L(LOW) since there is wide variation in Alpha Fetoprotein, HCG and Unconjugated Estriol ranges depending upon gestational age. "In Range" and "Out of Range" columns are not applicable for the parameters appearing in Multiple of Median (MoM) and Risk calcultion.

7. Individually, Alpha Fetoprotein or HCG or unconjugated Estriol levels do not correlate with risk assessment of Trisomy 18, Trisomy 21 or Neural Tube Defects



DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS , MD (PATHOLOGY)

 KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana

 KOS Molecular Lab: IInd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt -133 001, Haryana

 0171-2643898, +91 99910 43898
 care@koshealthcare.com
 www.koshealthcare.com





TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



	Dr. Vinay Cho MD (Pathology & M Chairman & Const	Microbiology)	Dr. Yugam MD CEO & Consultant	(Pathology)
NAME	: Mrs. KANCHAN KUSHWHA			
AGE/ GENDER	: 24 YRS/FEMALE	P	ATIENT ID	: 1586401
COLLECTED BY	:	R	EG. NO./LAB NO.	: 012408210021
REFERRED BY	:	R	EGISTRATION DATE	: 21/Aug/2024 11:07 AM
BARCODE NO.	: 01515408	С	OLLECTION DATE	: 21/Aug/2024 11:17AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	R	EPORTING DATE	: 21/Aug/2024 12:49PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	MBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
	IMI	/UNOPATHO	LOGY/SEROLOGY	
	ANTI THYRC	DID PEROXIDAS	SE (TPO/AMA) ANTIB	BODIES
ANTI TPO/AMA ANT		112.04 ^H	IU/mL	0.00 - 10.0 DIABETES (II): < 25.0
presenting with subcli INCREASED LEVELS (A 1. Hashimoto thyroidi 2. Idiopathic myxeden 3. Graves disease 4. Post-partum thyroi 5. Primary hypothyroi NOTE: 1. The highest TPO an antibodies is about 90 2. These auto-antibod	inical hypothyroidism where TSH utoimmune thyroid disease): itis. na. ditis. dism due to Hashimoto thyroiditi tibody levels are observed in pati % of cases, confirming the autoir lies also frequently occur (60%-80 oclinical hypothyroidism, the pres	is elevated but Fre s. ents suffering from nmune origin of th %) in the course of	ee T4 levels are normal. m Hashimoto thyroiditis. he disease. of Graves disease. podies is associated with	odies , It is especially useful in patients In this disease, the prevalence of TPO an increased risk of developing overt
	Mar	Qu	opra	

DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY) DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS , MD (PATHOLOGY)

回说出我想

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KOS DIAGNOSTIC LAB 6349/1, NICHOLSON ROAD,

AMBALA

AIVIDALA								
Result Down's syndrome screening								
Name				Sample ID	2408220807/AMB	diabete	S	no
		D.O.B.	01/01/99	Fetuses	;	1		
Patient ID	Age at delivery 26.1 Smoker			no				
Day of ser	um taking		21/08/24	Weight [kg]	60 kg IVF		no	
Date of re	port:		22/08/24			Ethnic c	origin	Asian
Previous t			no					
pregnanci	es							
			C	orrected MoM's a	Ind calculated risk	<u> </u>		
	42.1	ng/ml	1.03	Corr. MoM	1		loto	17 + 1
AFP uE3	42.1 1.37	ng/ml		Corr. MoM	Gestational age at determination meth	-	late	BPD Hadlock
u⊑3 HCG	32152	ng/ml mIU/ml	1.03 1.12	Corr. MoM	Physician	100		
Inh-A	158	pg/ml	1.12	Corr. MoM	Filysician			
	100	P9/111	1.04					
Risk 1:10						Г		Tr.21 risk
								at term
								1:7848
1:100								1.7040
1. 00								
1:2 <mark>50</mark>				Cut off		Г		
								Age risk
1:1 <mark>000</mark>								at term
							1:1315	
1:10000								
13 15 1	7 19 21 23 2	25 27 29 3	1 33 35 37	39 41 43 45 47 49 Ag	e			
Down's Syndrome Risk								
	•							
After the	result of the	ne Trisom	omy 21 is v 21 test if	t is expected that am	which represents a ong 7848 women wit	h the sar	ne data	. there is one woman
with a tri	somy 21 p	regnancy	and 7847	women with not affe	ected pregnancies.			
					f the information prov s and have no diagno			ring physician.
T TCase T					s and have no diagne		0.	
Neural	tube def	ects risk			Risk for trisomy	18		
	rected Mo a for neur			cated in the low	The calculated ris indicates a low ris		omy 18	3 is < 1:10000, which
					1			

below cut off	Below Cut Off, but above Age Risk	above cut off	Prisca 5.2.0.13