

Dr. Vinay Chopra
 MD (Pathology & Microbiology)
 Chairman & Consultant Pathologist

Dr. Yugam Chopra
 MD (Pathology)
 CEO & Consultant Pathologist

NAME	: Mrs. AKANSHA JAIN	PATIENT ID	: 1790943
AGE/ GENDER	: 30 YRS/FEMALE	REG. NO./LAB NO.	: 012503130058
COLLECTED BY	: SURJESH	REGISTRATION DATE	: 13/Mar/2025 05:44 PM
REFERRED BY	:	COLLECTION DATE	: 13/Mar/2025 05:48PM
BARCODE NO.	: 01527083	REPORTING DATE	: 16/Mar/2025 02:17PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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ENDOCRINOLOGY

QUADRUPLE MARKER MATERNAL SCREENING

QUADRUPLE MARKER

PATEINT SPECIFICATIONS

DATE OF BIRTH	01/08/1994		
MATERNAL AGE	31.1	YEARS	
WEIGHT	58	Kg	
ETHNIC ORIGIN	ASIAN		ASIAN
H/O IVF	ABSENT		
H/O INSULIN DEPENDANT DIABETES	ABSENT		
H/O SMOKING	ABSENT		
H/O TRISOMY 21 SCREENING	ABSENT		

ULTRA SOUND SCAN DETAILS

DATE OF ULTRASOUND	07/03/2025		
by ULTRASOUND SCAN			
METHOD FOR GESTATION AGE ESTIMATION	ULTRASOUND SCAN DETAILS		
by ULTRASOUND SCAN			
FOETUS (NOS)	1		
by ULTRASOUND SCAN			
GA ON THE DAY OF SAMPLE COLLECTION	15.2	WEEKS	
by ULTRASOUND SCAN			
BIPARIETAL DIAMETER (BPD)	25 ^L	mm	26 - 52
by ULTRASOUND SCAN			

QUADRUPLE TEST - BIOCHEMICAL MARKERS

ALPHA FETO PROTEIN (AFP)	25.8	ng/mL	
PRENATAL SCREENING: SERUM			
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)			
ESTRIOL (uE3) UNCONJUGATED	0.8	ng/mL	
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)			
BETA HCG	58683	mIU/mL	
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)			
INHIBIN A	132	pg/mL	
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)			




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MULTIPLE OF MEDIAN (MOM) VALUES

AFP MOM <i>by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)</i>	0.78
ESTRIOL (uE3) MOM <i>by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)</i>	0.87
BETA HCG MOM <i>by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)</i>	1.5
INHIBIN A MOM <i>by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)</i>	0.77

TRISOMY 21 SCREENING (DOWNS SYNDROME) RISK ASSESSMENT

TRISOMY 21 SCREENING RISK RESULT <i>by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)</i>	NEGATIVE (-ve)	NEGATIVE (-ve)
TRISOMY 21 AGE RISK <i>by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)</i>	1:842 NEGATIVE (-ve)	
TRISOMY 21 BIOCHEMICAL RISK <i>by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)</i>	1:3245 NEGATIVE (-ve)	RISK CUT OFF 1:270

TRISOMY 18 SCREENING RISK ASSESSMENT

TRISOMY 18 AGE RISK <i>by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)</i>	NEGATIVE (-ve)	
TRISOMY 18 SCREENING RISK <i>by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)</i>	< 1:10000 NEGATIVE (-ve)	RISK CUT OFF 1:100

NEURAL TUBE DEFECTS SCREENING RISK ASSESSMENT

NEURAL TUBE DEFECT SCREENING RISK <i>by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)</i>	NEGATIVE (-ve)	RISK CUT OFF 1:50
SPINA BIFIDA/ANENCEPHALY SCREENING RISK <i>by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)</i>	< 1:10000 NEGATIVE (-ve)	RISK CUT OFF 1:50

INTERPRETATION:

1. Multiple marker serum has become standard tool used in obstetric care to identify pregnancies that may have increased risk for certain birth defects such as NEURAL TUBE 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.
 4. The estimated risk calculation and screen results are dependant 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 menstrual period (LMP), When possible.




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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 calculation.
- 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

*** End Of Report ***




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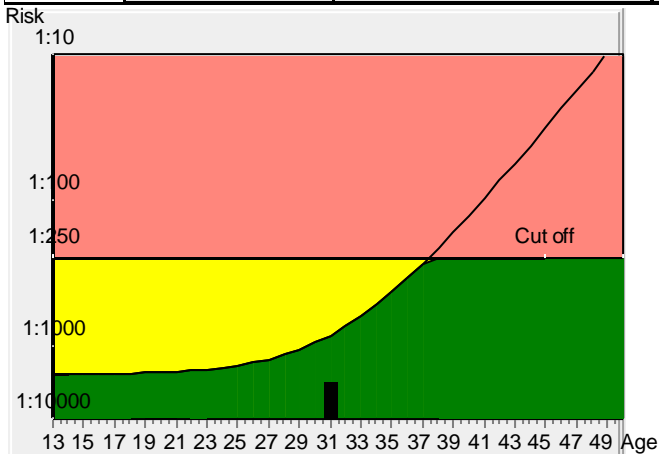
**KOS DIAGNOSTIC LAB 6349/1, NICHOLSON ROAD, AMBALA
CANTT**

Result Down's syndrome screening

Name	MRS. AKANSHA	Sample ID	2503220401/AMB	diabetes	no
Patient ID		D.O.B.	1/08/1994	Fetuses	1
Day of serum taking	15/03/2025	Age at delivery	31.1	Smoker	no
Date of report:	16/03/2025	Weight [kg]	58 kg	IVF	no
Previous trisomy 21 pregnancies	no			Ethnic origin	Asian

Corrected MoM's and calculated risks

AFP	25.8	ng/ml	0.78	Corr. MoM	Gestational age at sample date	15 + 2
uE3	0.8	ng/ml	0.87	Corr. MoM	determination method	Scan
HCG	58683	mIU/ml	1.50	Corr. MoM	Physician	KOS DIAG LAB
Inh-A	132	pg/ml	0.77	Corr. MoM		



Tr.21 risk
at term
1:3245

Age risk
at term
1:842

Down's Syndrome Risk

The calculated risk for Trisomy 21 is below the cut off which represents a low risk.
After the result of the Trisomy 21 test it is expected that among 3245 women with the same data, there is one woman with a trisomy 21 pregnancy and 3244 women with not affected pregnancies.
The calculated risk by PRISCA depends on the accuracy of the information provided by the referring physician.
Please note that risk calculations are statistical approaches and have no diagnostic value!

Neural tube defects risk

The corrected MoM AFP (0.78) is located in the low risk area for neural tube defects.

Risk for trisomy 18

The calculated risk for trisomy 18 is < 1:10000, which indicates a low risk.

below cut off

Below Cut Off, but above Age Risk

above cut off

Prisca 5.2.0.13