



P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

☎ 0171-2532620, 8222896961 ✉ pkrajainhealthcare@gmail.com

NAME : Mrs. SIMRAN
AGE/ GENDER : 23 YRS/FEMALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 12503473
CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE
CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

PATIENT ID : 1541153
REG. NO./LAB NO. : 122407070006
REGISTRATION DATE : 07/Jul/2024 12:08 PM
COLLECTION DATE : 07/Jul/2024 12:13PM
REPORTING DATE : 09/Jul/2024 06:12PM

Test Name	Value	Unit	Biological Reference interval
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ENDOCRINOLOGY

QUADRUPLER MARKER MATERNAL SCREENING

QUADRUPLER MARKER

PATEINT SPECIFICATIONS

DATE OF BIRTH	27-01-2001		
MATERNAL AGE	23.8	YEARS	
WEIGHT	52	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	05-06-2024		
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	20.1	WEEKS	
by ULTRASOUND SCAN			
BIPARIETAL DIAMETER (BPD)	29.6	mm	26 - 52
by ULTRASOUND SCAN			

QUADRUPLER TEST - BIOCHEMICAL MARKERS

ALPHA FETO PROTEIN (AFP)	44.6	ng/mL
PRENATAL SCREENING: SERUM		
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)		
ESTRIOL (uE3) UNCONJUGATED	1.7	ng/mL
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)		
BETA HCG	12393	mIU/mL
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)		




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INHIBIN A by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	144.2	pg/mL	
<u>MULTIPLE OF MEDIAN (MOM) VALUES</u>			
AFP MOM by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	0.66		
ESTRIOL (uE3) MOM by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	0.78		
BETA HCG MOM by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	0.63		
INHIBIN A MOM by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	0.79		
<u>TRISOMY 21 SCREENING (DOWNS SYNDROME) RISK ASSESSMENT</u>			
TRISOMY 21 SCREENING RISK RESULT by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	NEGATIVE (-ve)		NEGATIVE (-ve)
TRISOMY 21 AGE RISK by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	1:7578 NEGATIVE (-ve)		
TRISOMY 21 BIOCHEMICAL RISK by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	1:1434 NEGATIVE (-ve)		RISK CUT OFF 1:270
<u>TRISOMY 18 SCREENING RISK ASSESSMENT</u>			
TRISOMY 18 AGE RISK by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	NEGATIVE (-ve)		
TRISOMY 18 SCREENING RISK by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	< 1:10000 NEGATIVE (-ve)		RISK CUT OFF 1:100
<u>NEURAL TUBE DEFECTS SCREENING RISK ASSESSMENT</u>			
NEURAL TUBE DEFECT SCREENING RISK by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	NEGATIVE (-ve)		RISK CUT OFF 1:50
SPINA BIFIDA/ANENCEPHALY SCREENING RISK by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	< 1:10000 NEGATIVE (-ve)		RISK CUT OFF 1:50

INTERPRETATION:

- 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.
- The laboratory establishes a specific cut off for each condition, which classifies each screen as either screen-positive or screen-negative.
- A screen-positive result indicates that the value obtained exceeds the established cut off.




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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.

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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