PKR JAIN HEALTHCARE INSTITUTE NASIRPUR, Hissar Road, AMBALA CITY- (Haryana) A PIONEER DIAGNOSTIC CENTRE

【 0171-2532620, 8222896961 🛛 🖾 pkrjainhealthcare@gmail.com

NAME	: Mrs. SHABNAM SINGH				
AGE/ GENDER	: 34 YRS/FEMALE		PATIENT ID	: 157	2571
COLLECTED BY	:		REG. NO./LAB NO	: 122	2408060020
REFERRED BY	:		REGISTRATION D	ATE : 06/A	Aug/2024 02:43 PM
BARCODE NO.	: 12504017		COLLECTION DAT		Aug/2024 02:46PM
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INS	STITUTE	REPORTING DAT		Aug/2024 03:11PM
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, A	MBALA CITY - HA	RYANA		
Test Name		Value	Un	it	Biological Reference interval
		ENDOC	RINOLOGY		
	DUAL MARKE	R MATERNAL S	CREENING - TW	IN PREGNAM	NCY
DUAL MARKER TEST					
PATEINT SPECIFICAT	IONS				
DATE OF BIRTH		30-10-199	0		
MATERNAL AGE		34.28	YE	ARS	
WEIGHT		61	Kg		
ETHNIC ORIGIN		ASIAN			ASIAN
H/O IVF		ABSENT			
H/O SMOKING		ABSENT			
H/O INSULIN DEPEN		ABSENT			
H/O TRISOMY 21 SCI		ABSENT			
ULTRA SOUND SCAN					
DATE OF ULTRASOU		06-08-202	4		
-	TION AGE ESTIMATION	ULTRASOL	JND SCAN DETAILS		
FOETUS (NOS)		2			
by ULTRASOUND SCA	Ν				
FOETUS 1					
CROWN RUMP LENG		71.8	mi	n	38 - 84
GESTATIONAL AGE B		13.2			
by ULTRASOUND SCA					
FOETUS 2					
CROWN RUMP LENG		69.9	m	n	38 - 84
by ULTRASOUND SCA GESTATIONAL AGE B		13.1			
by ULTRASOUND SCA		13.1			
<u>DUAL MARKER - BIO</u>	CHEMICAL MARKERS				

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

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST

440 Dated 17.5.2012 u/s 80 G OF INCOME TAX ACT. PAN NO. AAAAP1600. **REPORT ATTRACTS THE CONDITIONS PRINTED OVERLEAF (P.T.O.)**



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CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTI	TUTE R	EPORTING DATE	:07/Aug/202403:11PM		
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA					
Test Name		Value	Unit	Biological Reference interval		
PREGNANCY ASSOCI PROTEIN A (PAPP-A)	ATED PLASMA escence immunoassay)	10000	mIU/L			
BETA HCG - FREE: SE	RUM escence immunoassay)	48.8	ng/mL			
PAPP-A MOM	<u></u>	1.7				
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY) BETA HCG - FREE MOM by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)		1.18				
, ,	IING (DOWNS SYNDROME) RISK	ASSE <mark>SSMENT</mark>				
TRISOMY 21 SCREEN	IING RISK RESULT ESCENCE IMMUNOASSAY)	NEGATIVE (-	ve)	NEGATIVE (-ve)		
TRISOMY 21 AGE RIS	SK ESCENCE IMMUNOASSAY)	1:495 NEGA	TIVE (-ve)			
TRISOMY 21 BIOCHE	MICAL RISK	1:2248 NEG	ATIVE (-ve)	RISK CUT OFF 1:150		
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY) TRISOMY 21 COMBINED RISK (BIOCHEMICAL + NT) by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)		< 1:10000 N	EGATIVE (-ve)	RISK CUT OFF 1:150		
TRISOMY 18 SCREENING RISK ASSESSMENT TRISOMY 18 AGE RISK by CLIA (CHEMILUMINESCENCE IMMUNOASSAY) TRISOMY 13/18 SCREENING RISK by CLIA (CHEMILUMINESCENCE IMMUNOASSAY) MULTIPLE OF MEDIANS (MOM) - F2		NEGATIVE (-	ve)			
		< 1:10000 N	EGATIVE (-ve)	RISK CUT OFF 1:100		
PAPP-A MOM - F2 by CLIA (CHEMILUMINESCENCE IMMUNOASSAY) BETA HCG - FREE MOM - F2 by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)		1.78				
		1.14				
TRISOMY 21 SCREEN	IING (DOWNS SYNDROME) RISK A	ASSESSMENT - F2	2			
	ING RISK RESULT - F2 escence immunoassay)	NEGATIVE (-	,	NEGATIVE (-ve)		
TRISOMY 21 AGE RIS	K - F2 escence immunoassay)	1:494 NEGA	TIVE (-ve)			



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NOT VALID FOR MEDICO LEGAL PURPOSE

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CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBA	LA CITY - HARYANA	1		
	: NASIRPUR, HISSAR ROAD, AMBA	LA CITY - HARYANA	Unit	Biological Reference interval	
CLIENT ADDRESS Test Name TRISOMY 21 BIOCHE			Unit	Biological Reference interval RISK CUT OFF 1:150	

TRISOMY 18 SCREENING RISK ASSESSMENT - F2

TRISOMY 18 AGE RISK - F2

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

TRISOMY 13/18 SCREENING - F2

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

INTERPRETATION:

1.Double marker test (maternal serum screen – first trimester) is a prenatal test to screen for Trisomy 21 (down's syndrome) and Trisomy 13/18 during gestational period 8 – 13 weeks.

< 1:10000 NEGATIVE (-ve)

NEGATIVE (-ve)

2.Besides the biochemical markers tested – maternal pregnancy associated plasma protein a (papp-a) & maternal free beta hcg, the risk is calculated combining usg measurement of nuchat translucency (nt), gestational age at the time of sample with other maternal factors as age, weight, h/o diabetes, smoking, race, twin pregnancies, use of assissted reproductive technologies (IVF).

NOTE:

1. This is only screening test based purely on statistical analysis which is further based on the data submitted; hence the correctness of data is vital for risk analysis.

2.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.

3.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.

4. The detection rate by this test is about 60%, with 5% false positive rate when assessment is done for only biochemical parameters and increase to 85 % with 5% false positive rate when both biochemical parameters and nt are combined for analysis.

5.Correlation with patient history, family history and detailed USG scan is required to decide further course of action in cases who have high risk statistically calculated by this test.

*** End Of Report ***





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

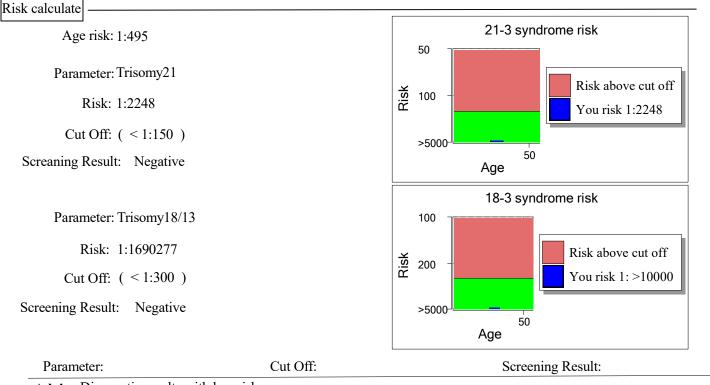
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RISK CUT OFF 1:300

Basic Inf	ormation					
Name:	SHABNAM SINC	GH FETUS Cont	act:		Gender: Female	
Weight:	61.00 Kg	Birtho	date: 1990-	10-30	Age of EDC: 34.28 Year	
Race:	Asian	Tw	ins: No		GA calc method: CRL Robinso	n
LMP Day:		Send	ler:			
Sample in	formation					
Send time:	2024-08-07	Samp	le NO.: 12504	4017	Scan Date: 2024-08-06	
Lab:	:	Sample	Date: 2024-	08-06	GA: 13+2	
BPD:	mm	CRL	length: 71.8) mm	NT length: mm	
Assay]					
NO.	Item abbr	Result	Unit	MOM	Reference range	
1	free-ß-HCG	48.80	ng/ml	1.18		
2	PAPP-A	10000.00	mIU/L	1.70		



Advice: Diagnostic results with less risk

Note: *The basic information on the basis of Down's risk assessment in this report is provided at the time of your onsite. When you get this report, please first check whether your relevant information is correct. If there is any discrepancy, please contact your doctor in time, so as to feedback us the correct information and documents, then obtain the correct report. *The high risk and borderline risk of trisomy 21 or trisomy 18 requires further interventional prenatal diagnosis (from fetuses such as villus, amniotic fluid, cord blood, etc.); high risk of neural tube defect (NTD), please go to ultrasound prenatal diagnosis qualified hospitals use ultrasound to exclude.

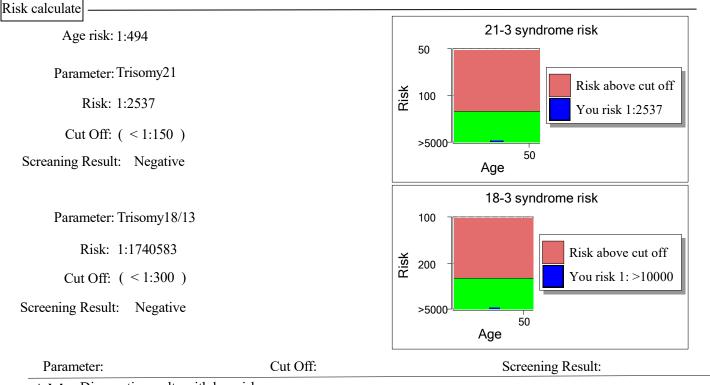
*The risk of NTD is only calculated at 14-22 weeks.

*The screening result with low risk only shows that the chance of this kind of congenital abnormality in your fetus is less, and the possibility of this kind of abnormality or other abnormalities cannot be completely ruled out. Please consult a doctor in time after you get the report, and the doctor will follow your Risks and other conditions (whether you are older than 35 years old, whether you have had more than one child with other deformities, or have other diseases such as tumors) are comprehensively considered to suggest whether you need to take further examination to confirm the diagnosis.

** This report only can be reference and assistant for doctor , cannot directly give conclusion by this **

Doctor:

Basic Inf	ormation					
Name:	SHABNAM SING	H FETUS Bont	act:		Gender: Female	
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Send time:	2024-08-07	Sampl	le NO.: 12504	4017	Scan Date: 2024-08-06	
Lab:	:	Sample	Date: 2024-0)8-06	GA: 13+1	
BPD:	mm	CRL	length: 69.90) mm	NT length: mm	
Assay]					
NO.	Item abbr	Result	Unit	MOM	Reference range	
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