



P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

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

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

NAME	: Mrs. NEHA RANI	PATIENT ID	: 1815333
AGE/ GENDER	: 30 YRS/FEMALE	REG. NO./LAB NO.	: 122504020021
COLLECTED BY	:	REGISTRATION DATE	: 02/Apr/2025 02:22 PM
REFERRED BY	:	COLLECTION DATE	: 02/Apr/2025 09:02PM
BARCODE NO.	: 12507866	REPORTING DATE	: 03/Apr/2025 02:18AM
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTITUTE		
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA		

Test Name	Value	Unit	Biological Reference interval
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ENDOCRINOLOGY

DUAL MARKER MATERNAL SCREENING

DUAL MARKER TEST

PATEINT SPECIFICATIONS

DATE OF BIRTH	1991-03-12		
MATERNAL AGE	34.61	YEARS	
WEIGHT	67	Kg	
ETHNIC ORIGIN	ASIAN		ASIAN
H/O IVF	ABSENT		
H/O SMOKING	ABSENT		
H/O INSULIN DEPENDANT DIABETES	ABSENT		
H/O TRISOMY 21 SCREENING	ABSENT		

ULTRA SOUND SCAN DETAILS

DATE OF ULTRASOUND	2025-04-02		
<i>by ULTRASOUND SCAN</i>			
METHOD FOR GESTATION AGE ESTIMATION	ULTRASOUND SCAN DETAILS		
<i>by ULTRASOUND SCAN</i>			
FOETUS (NOS)	1		
<i>by ULTRASOUND SCAN</i>			
GA ON THE DAY OF SAMPLE COLLECTION	11.2	WEEKS	
<i>by ULTRASOUND SCAN</i>			
CROWN RUMP LENGTH (CRL)	45.4	mm	38 - 84
<i>by ULTRASOUND SCAN</i>			
GESTATIONAL AGE BY CRL	11.2		
<i>by ULTRASOUND SCAN</i>			
NUCHAL TRANSLUCENCY (NT)	1.6	mm	0.1 - 6.0
<i>by ULTRASOUND SCAN</i>			
NUCHAL TRANSLUCENCY (NT) MOM	1.28		
<i>by ULTRASOUND SCAN</i>			

DUAL MARKER - BIOCHEMICAL MARKERS

PREGNANCY ASSOCIATED PLASMA	2588	mIU/L	
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Test Name	Value	Unit	Biological Reference interval
PROTEIN A (PAPP-A) <i>by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)</i>			
BETA HCG - FREE: SERUM <i>by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)</i>	98.8	ng/mL	
<u>MULTIPLE OF MEDIAN (MOM) VALUES</u>			
PAPP-A MOM <i>by CALCULATED BY PRENATAL SCREENING SOFTWARE</i>	1.04		
BETA HCG - FREE MOM <i>by CALCULATED BY PRENATAL SCREENING SOFTWARE</i>	1.6		
<u>TRISOMY 21 SCREENING (DOWNS SYNDROME) RISK ASSESSMENT</u>			
TRISOMY 21 SCREENING RISK RESULT <i>by CALCULATED BY PRENATAL SCREENING SOFTWARE</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
TRISOMY 21 AGE RISK <i>by CALCULATED BY PRENATAL SCREENING SOFTWARE</i>	1:463 NEGATIVE (-ve)		
TRISOMY 21 BIOCHEMICAL RISK <i>by CALCULATED BY PRENATAL SCREENING SOFTWARE</i>	1:1523 NEGATIVE (-ve)		RISK CUT OFF 1:150
TRISOMY 21 COMBINED RISK (BIOCHEMICAL + NT) <i>by CALCULATED BY PRENATAL SCREENING SOFTWARE</i>	< 1:10000 NEGATIVE (-ve)		RISK CUT OFF 1:150
<u>TRISOMY 18 SCREENING RISK ASSESSMENT</u>			
TRISOMY 18 AGE RISK <i>by CALCULATED BY PRENATAL SCREENING SOFTWARE</i>	NEGATIVE (-ve)		
TRISOMY 13/18 SCREENING RISK <i>by CALCULATED BY PRENATAL SCREENING SOFTWARE</i>	< 1:10000 NEGATIVE (-ve)		RISK CUT OFF 1:300

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.
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 nuchal 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 assisted reproductive technologies (IVF).




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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 assesment 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 ***




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