




**Mrs. NASREEN**  
AMBALA, CHEMBUR  
Tel No : 8607344999  
PIN No: 133001  
PID NO: P542200187229  
Age: 32.0 Year(s) Sex: Female

**Reference: Dr.VINAY KUMAR CHOPRA**  
Sample Collected At:  
DR VINAY KUMAR CHOPRA  
KOS Diagnostic Lab, 6349/I, Nicholson  
Road, Ambala Cantt, HRY 133001.  
**Sample Processed At: Metropolis  
Healthcare Ltd E-21, B1 Mohan Co-op  
Ind Estate New Delhi-110044**

**VID: 220054000163114**  
Registered On:  
27/09/2022 03:34 PM  
Collected On:  
27/09/2022 3:39PM  
Reported On:  
28/09/2022 02:17 PM

### Maternal screen (Triple test)2nd trimester

Investigation	Observed Value	Unit
<b>AFP-Alpha Feto Protein*</b> (ECLIA)	60.70	IU/mL
<b>E3, unconjugated Estriol</b> (CLIA)	1.74	ng/mL
 <b>Beta HCG (Total)</b> (CLIA)	66403.00	mIU/mL
<b>Risk factor calculated by</b>	PRISCA 5	

**Comments :**Adv:Usg Correlation.

Disorder	Screen positive Cut off(ACOG2007)	Remarks
Trisomy-21	1:250 for all age groups AFP MoM < or=0.74, HCG MoM > or=2.06 UE3 MoM < or=0.75	Confirmatory tests needed under doctor's advise
Trisomy-18	1:100 for all age groups AFP MoM < or=0.65, HCG MoM < or=0.36 UE3 MoM < or=0.4	Level-III ultrasound needed for confirmation
Open Neural Tube Defect	AFP MoM above 2.5	Scan of Rachis recommended

#### Interpretation Guidelines :

1. Statistical risk factor calculation for Trisomy 21 (Down's syndrome), Trisomy 18 (Edward Syndrome), and Open Neural tube defect has been done using CE approved PRISCA 5 software
2. The calculations are done using Indian medians, which are established in-house with database of more than 10000 patients and it is periodically updated.
3. Statistical evaluation enclosed being more informative, the reference ranges for the biochemical parameters are not quoted on the report.
4. All software may not give similar risk factor for the similar data.
5. This is a screening test and hence confirmation of screen positives is recommended.
6. The test offers detection rate of 81% and hence occasional false negatives are likely.
7. It is advisable to ask for repeat calculations (not the test), in case history provided is not correct. For better reliability of results, it is advised to carry out analysis between 15&17 weeks.
8. 1:250 risk factor means : Out of 250 women having similar results and history, 1 may have abnormality.

#### Abbreviation :

CLIA : Chemiluminescence Immunoassay ; MOM : Multiples of Median

**Note :** Graph Enclosed

**Limitations :** Following factors affect maternal hormonal (MoM) levels & hence to be considered during interpretation.

Maternal Factors	Fetal Factors	Placental Factors
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Weight, Gestational Hypertension and Diabetes, Chronic Liver Diseases, uterine fibroids, Ovarian tumour	Correct Gestational Age, More than 2 foetuses IUGR, Oligohydramnios, Abdominal wall defects, CAH, Smith Lemli Opitz Syndrome	Placenta Preavia, Retroplacental haemorrhage, Altered placental blood flow
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Down syndrome screening (Triple marker)																				
Name	NASREEN	Weight	51.7 kg	Sampling Date	26-09-2022															
VID		Smoking	no	Previous H/o of Tri 21 pregnancy IVF	unknown															
SID	220054000163114	Insulin dependent Diabetes	no	No of Fetuses	1															
DOB	01-01-1990	Race	Asian																	
Age at Delivery	33.1 Years																			
Measured Serum Values, Corrected MOM's and Risk Evaluation																				
Analyte	Value	Units	Corr. MOM's	Determination method	Scan															
AFP	60.7	IU/ml	0.96	Ultrasound Date	05-09-2022															
uE3	1.74	ng/ml	1.09	Gestational Age by USG	17 + 0															
HCG	66403	mIU/ml	3.32	Gestational Age at sampling date	20 + 0															
Risk			<table border="1"><thead><tr><th>Disorder</th><th>Risk</th><th>Interpretation</th></tr></thead><tbody><tr><td>Trisomy-21 at term</td><td>1:224</td><td>SCREEN POSITIVE</td></tr><tr><td>Trisomy-18</td><td>&lt;1:10000</td><td>SCREEN NEGATIVE</td></tr><tr><td>Open NTD</td><td>&lt;1:10000</td><td>SCREEN NEGATIVE</td></tr><tr><td>Age Risk</td><td>1:615</td><td></td></tr></tbody></table>			Disorder	Risk	Interpretation	Trisomy-21 at term	1:224	SCREEN POSITIVE	Trisomy-18	<1:10000	SCREEN NEGATIVE	Open NTD	<1:10000	SCREEN NEGATIVE	Age Risk	1:615	
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<p>Cut off</p>			Genetic counselling available at our centre																	
<b>NEURAL TUBE DEFECTS SCREENING</b> <b>SCREEN NEGATIVE</b> The corrected MoM AFP (0.96) is located in the low risk area for neural tube defects.			<b>TRISOMY 21 SCREENING</b> <b>SCREEN POSITIVE</b> The calculated risk for Trisomy 21 is above the cut off which represents an increased risk. After the result of the Trisomy 21 test it is expected that among 224 women with the same data, there is one woman with a trisomy 21 pregnancy and 223 women with not affected pregnancies. The HCG level is high. 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!																	
<b>TRISOMY 18 SCREENING</b> <b>SCREEN NEGATIVE</b> The calculated risk for trisomy 18 is < 1:10000, which indicates a low risk.																				
<b>COMMENTS</b>																				

Report Printing Date: 28. Sep 2022 PRISCA 5.1.0.17 Metropolis Healthcare Ltd.  
■ below cut off ■ Below Cut Off, but above Age Risk ■ above cut off

**Dr. Kush Kumar Singh**  
M.D (Pathology)



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**-- End of Report --**



Tests marked with NABL symbol are accredited by NABL vide Certificate no MC-2676