

Lab ID	: COU40189	SIN No., Date	: COU040153 19-Jun-25 03:53 PM
Name	: Mrs.KSHUBHA JAIN	Collection Date	: 19-Jun-25 03:53 PM
Age	: 33 Y 0 M 0 D Gender: F	Received Date	: 19-Jun-25 04:54 PM
Referred By	: DR. SUMAN RAJA	Report Date	: 21-Jun-25 08:41 AM
Source By	: Monilek Hospital and Research	Collected at	: Monilek Hospital and Research
Report Status	: Final Report	DOC No	: Card No. 700709

### DEPARTMENT OF CLINICAL-BIOCHEMISTRY

#### DOUBLE TEST FOR DOWN SYNDROME SCREEN TEST(Serum)

#### MATERNAL SERUM SCREEN (DUAL MARKER, FMF CERTIFIED), First trimester

Biochemical Parameter	Observed value	Unit	Corrected MoM
Free Beta HCG, Serum by CLIA	35.44	ng/mL	1.25
PAPPA, Serum by CLIA	2.27	mIU/mL	0.74

Disorder	Risk Ratio	Cut Off	Interpretation
Trisomy-21	<1:10000	1:250	Low Risk
Trisomy 13/18	<1:100000	1:100	Low Risk

#### Interpretation:

- The First Trimester Screening for the given Sample is NEGATIVE.  
Please Refer attached Graph for statistical calculation, final report and interpretation.

#### Interpretation Guidelines:-

Disorder	Screen positive Cut off	MOM Cut off (ACOG 2007)	Remarks
Trisomy- 21	1:250	Free $\beta$ -HCG: > or = 1.98 PAPP- A: < or = 0.43	Confirmatory tests needed under doctors advise.
Trisomy-18 / Trisomy-13	1:100	Free $\beta$ -HCG: < or = 0.5 PAPP-A: < or = 0.4	Level-III ultrasound needed for confirmation.

#### REMARKS:

- Statistical analysis of the patient demographic and biochemical screening data (from COBAS system by ROCHE which is approved by Fetal Medicine Foundation (FMF), UK) with risk calculation for Trisomy 21 (Down syndrome), Trisomy 18 (Edward syndrome) & Trisomy 13 has been done using software.
- This is a non-invasive prenatal screening test, not a diagnostic test, hence confirmation of screen positive test is advised like CVS or amniocentesis as suggested by the treating consultant.
- Double marker should be carried out between 11 weeks to 14 weeks for better reliability of the result.
- The interpretive unit is MoM (Multiples of Median) which takes into account variables such as gestational age (ultrasound, maternal weight, race, insulin dependent Diabetes, multiple gestation, IVF (Date of Birth of Donor, if applicable), smoking & previous history of Down syndrome. Accurate availability of this data for Risk Calculation is critical.
- The measurement of Free beta HCG and PAPP-A is compared against the reference data. The comparison leads to a risk estimation or

Dr. B. Lal Gupta  
MD Microbiology  
RMC.9236/11112

Dr. Chandrika Gupta  
MD Pathology  
RMC No.- 21021/008037

Dr.Monika Agrawal  
MD Microbiology  
RMC No.20861

Dr Neelam Goyal  
MD Pathology  
RMC No.- 45151

Scan for  
digital copy



Lab ID	: <b>COU40189</b>	SIN No., Date	: <b>COU040153</b> 19-Jun-25 03:53 PM
Name	: <b>Mrs.KSHUBHA JAIN</b>	Collection Date	: 19-Jun-25 03:53 PM
Age	: 33 Y 0 M 0 D      Gender: F	Received Date	: 19-Jun-25 04:54 PM
Referred By	: <b>DR. SUMAN RAJA</b>	Report Date	: 21-Jun-25 08:41 AM
Source By	: Monilek Hospital and Research	Collected at	: Monilek Hospital and Research
Report Status	: Final Report	DOC No	: Card No. 700709

### DEPARTMENT OF CLINICAL-BIOCHEMISTRY

probability of genetic disorder.

- A combination of Nuchal translucency, Nasal bone visualization and biochemical tests (Combined test) increases the detection rate of Down syndrome to 82-87% and 5% false positive rate.
- It is advisable to ask for repeat calculations (not the test), in case history provided is not correct as any change or discrepancy in the information asked can affect the result.
- The test results represent risk, not diagnostic outcomes.
- The cut off is used to differentiate between high risk or low risk of genetic disorder. 1:250 risk factor means: Out of 250 women having similar results and history, 1 may have abnormality.
- A low risk does not exclude the possibility of Down syndrome or other abnormalities as the risk assessment does not detect all affected pregnancies.
- The test result should be correlated clinically and with other radiological and laboratory findings before taking any medical decision.
- All software may not give similar risk factor for the similar data.

#### Associated Test


Integrated test; NIPT/S-Non-Invasive Prenatal screening test-Genetic screening from Maternal blood for aneuploidies-Trisomy 21, 13, 18.

\*\*\* End Of Report \*\*\*

Dr. B. Lal Gupta  
MD Microbiology  
RMC.9236/11112

Dr. Chandrika Gupta  
MD Pathology  
RMC No.- 21021/008037

Dr.Monika Agrawal  
MD Microbiology  
RMC No.20861

  
Dr Neelam Goyal  
MD Pathology  
RMC No.- 45151

Scan for  
digital copy



## First Trimester Screening results

### Patient data

<b>Name and surname:</b>	Mrs.KSHUBHA JAIN	<b>Weight:</b>	68 Kg.
<b>PIC:</b>	COU040153	<b>Race/Ethnicity:</b>	INDIAN
<b>Date of birth:</b>	11-09-1991 (34 years in the DoB)	<b>Diabetes:</b>	No
<b>Type of Pregnancy:</b>	Spontaneous	<b>Smoker:</b>	No
<b>Previous History:</b>	None	<b>Ovulation Ind.:</b>	No
<b>Software Used</b>	SSDWLab version 6.3		

### Biochemical data

<b>Extraction date:</b>	19-06-2025	<b>Gestational age:</b>	12 weeks and 5 days
<b>Laboratory code:</b>	COU040153		
<b>Free beta hCG 1T:</b>	35.44 ng/ml	1.25 MoM	
<b>PAPP-A:</b>	2.27 mIU/ml	0.74 MoM	

### Ultrasound data

<b>Ultrasound date:</b>	19-06-2025	<b>Gestational age:</b>	12 weeks and 5 days
<b>CRL:</b>	63.7 mm		
<b>Nuchal Translucency:</b>	1 mm	0.61 MoM (Truncated at 0.78 MoMs)	

### Dichotomous markers

Absent nasal bones=**No**. Abnormal Ductal flow=**No**.

### Risk report (At term)

Risk type	Probability	Result	Graphic representation
<b>Trisomy 21 age risk:</b>	1/494		<div style="background-color: yellow; padding: 2px;">1/494</div>
<b>Trisomy 21:</b>	< 1/10000	Low Risk	<div style="background-color: #d4edda; padding: 2px;">&lt; 1/10000</div> 250
<b>Trisomy 18/13:</b>	< 1/100000	Low Risk	<div style="background-color: #d4edda; padding: 2px;">&lt; 1/100000</div> 100

### Observations

**Low Risk.**

The risk index is a statistical calculation and has no diagnostic value.

**Printing date:** 20-06-2025