AMPATH
Central Reference Labor
Door No. 1-100/1/CCH N
Serilingampally
Hyderabad

MC-2751

AMPATH
ACCURATE DIAGNOSTICS, AMERICAN STANDARDS.

LABORATORY REPORT

NAME	**: MISS.PR0057**	REFERRED BY	: SELF	VISIT NO	: VAMP26148186
AGE	: 40Y 0M 0D	ZERO TARIFF CLIENT CODE		COLLECTED ON	: 21-04-2026 10:00
GENDER	: Female	**LAB MR#**	**: AAMP01479465**	RECEIVED ON	: 21-04-2026 19:51
OP / IP / DG #	:			APPROVED ON	: 22-04-2026 17:55
				REPORT STATUS	: Final Report

Test Name	Result	Biological Ref. Interval	Unit
BIOCHEMISTRY			
Maternal Screening (First Trimester) - Dual Markers with NT risk stratification *(Serum.)*			
Free Beta hCG (Maternal Screening) *CLIA*	22.90		ng/mL
PAPP-A (Maternal Screening) *CLIA*	2.00		mIU/mL

Interpretation

The trisomy 21,18 & 13 risks were calculated based on ultrasound gestational age, maternal double marker results, NT (nuchal translucency) measurement, patient demographics and other risk factors like IDD etc.

Trisomy 21 (Down syndrome) & Trisomy 18-13 (Edwards' and Patau's syndrome) risk: The calculated risks for trisomy 21 = <1:10000; and trisomy 18 -13 = <1:10000 were found in the low risk category, according to the established normal cutoff ratio (Refer Down's syndrome screening report). Suggest second trimester integrated Quadruple marker test and Ultra sound/TIFFA scan for more accuracy and further followup. Please correlate clinically.

Double Marker screening performance (for information)

Fetal anomalies	Markers	Term risk cutoff	DR (%)	FPR (%)
Down syndrome (Trisomy 21)	NT, free βhCG, PAPPA, MA	1:250	Upto 85%	<5%
Edward & Patau's syndrome (trisomy 18-13)	NT, free βhCG, PAPPA, MA	1:100	Upto 85%	<5%

DR: Detection rate; FPR: false positive rate; NT: nuchal translucency; MA: Maternal age

Remarks

- The double marker is an effective & noninvasive blood test, performed in 1st trimester to identify the risk of pregnant women giving birth to an infant with Down syndrome (trisomy 21), Edwards' or Patau's syndrome (Trisomy 18 &13 respectively)
- For women who undertake first trimester screening (FTS) without NT scan, second trimester serum alpha fetoprotein (AFP) screening and/or ultrasound examination is recommended to screen for open neural tube defects (ONTDs). Ideally all pregnant women should be screened for prenatal disorders irrespective of maternal age
- The trisomy risk calculation is done by using: Prisca 5.0.2.37 software based on double marker results and/or NT measurement, demographics like maternal age, LMP date/gestational age, & other risk factors like race, type of pregnancy (single/multiple) and IDD etc. Hence estimated risk calculations are dependent on accurate information provided by the patient. Inaccurate information can lead to false positive or false negative results.
- Patient specific risks are generated in the form of analytical MoM (Multiples of Median) values and risk cutoff percentages and it represents the likelihood ratios for each parameter falling into an affected or unaffected risk for trisomy 21 & 18-13 based on the maternal age.
- Prenatal screen is not a diagnostic test and a negative test does not necessarily rule out the absence of fetal defects and a positive test does not confirm trisomy. Hence a high risk report should be followed by confirmatory tests like Chorionic villus sampling (CVS) based on

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Test Name	Result	Biological Ref. Interval	Unit

the clinical history.

- In case, if the provided LMP date/gestational age or other risk factors needs any correction, the risk will be recalculated according to the corrected parameters to avoid technical errors, if any.

SOFTWARE GENERATED GRAPHICAL REPORT ATTACHED OVERLEAF.

Sanjeeta

Dr. Sanjeeta
MBBS,MD (Biochemistry)
Consultant Biochemist

Disclaimer:
1. All results released pertain to the specimen as received by the lab for testing and under the assumption that the patient indicated or identified on the bill/test requisition form is the owner of the specimen.
2. Clinical details and consent forms, especially in Genetic testing, histopathology, as well as wherever applicable, are mandatory to be accompanied with the test requisition form. The non-availability of such information may lead to delay in reporting as well as misinterpretation of test results. The lab will not be responsible for any such delays or misinterpretations thereof.
3. Test results are dependent on the quality of the sample received by the lab. In case the samples are preprocessed elsewhere (e.g., paraffin blocks), results may be compromised.
4. Tests are performed as per the schedule given in the test listing and in any unforeseen circumstances, report delivery may be affected.
5. Test results may show inter-laboratory as well as intra-laboratory variations as per the acceptable norms.
6. Genetic reports as well as reports of other tests should be correlated with clinical details and other available test reports by a qualified medical practitioner. Genetic counselling is advised in genetic test reports by a qualified genetic counsellor, medical practitioner or both.
7. Samples will be discarded post processing after a specified period as per the laboratory's retention policy. Kindly get in touch with the lab for more information.
8. If accidental damage, loss, or destruction of the specimen is not attributable to any direct or negligent act or omission on the part of Ampath Labs or its employees, Ampath shall in no event be liable. Ampath lab's liability for a lack of services, or other mistakes and omissions, shall be restricted to the amount of the patient's payment for the pertinent laboratory services.

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Prisca 5.0.2.37

Date of report: 22-04-2026

Patient data

Name	Miss.PR0057.	Patient ID	20385482
Birthday	01-01-2005	Sample ID	20385482
Age at delivery	21.8	Sample Date	18-04-2026
Gestational age	12 + 1		

Correction factors

Fetuses	1	IVF	no	Previous trisomy 21 pregancies	no
Weight	45	diabetes	no		
Smoker	no	Origin	Asian		

Biochemical data

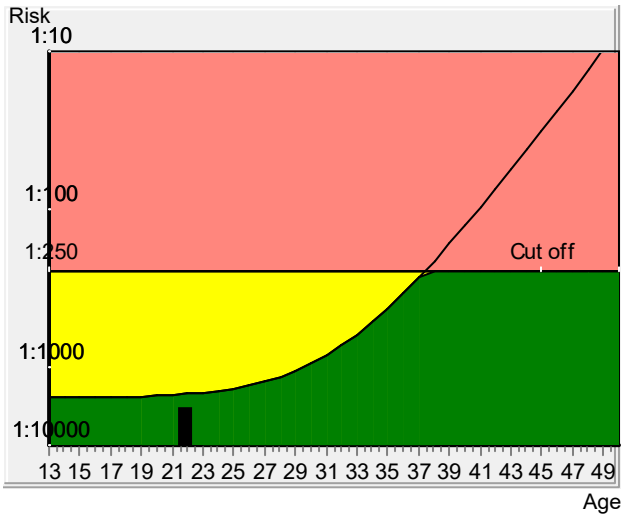
Parameter	Value	Corr. MoM
PAPP-A	5.6 mIU/ml	1.35
fb-hCG	14 ng/ml	0.31

Risks at term

Age risk	1:1499
Biochemical T21 risk	<1:10000
Combined trisomy 21 risk	<1:10000
Trisomy 13/18 + NT	<1:10000

Ultrasound data

Gestational age	12 + 1
Method	CRL Robinson
Scan date	18-04-2026
Crown rump length in mm	57
Nuchal translucency MoM	0.73
Nasal bone	present
Sonographer	DR. ...
Qualifications in measuring NT	MDRD.



Trisomy 21

The calculated risk for Trisomy 21 (with nuchal translucency) is below the cut off, which indicates a low risk.

After the result of the Trisomy 21 test (with NT) it is expected that among more than 10000 women with the same data, there is one woman with a trisomy 21 pregnancy.
The free beta HCG level is low.
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!
The patient combined risk presumes the NT measurement was done according to accepted guidelines (Prenat Diagn 18: 511-523 (1998)).
The laboratory can not be hold responsible for their impact on the risk assessment ! Calculated risks have no diagnostic value!

Trisomy 13/18 + NT

The calculated risk for trisomy 13/18 (with nuchal translucency) is < 1:10000, which represents a low risk.

Sign of Physician

below cut off | Below Cut Off, but above Age Risk | above cut off