



LABORATORY REPORT

NAME : MISS.PR0058 REFERRED BY : SELF VISIT NO : VAMP26148188  
AGE : 40Y 0M 0D ZERO TARIFF CLIENT CODE COLLECTED ON : 21-04-2026 10:00  
GENDER : Female LAB MR# : AAMP01479467 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
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BIOCHEMISTRY

Maternal Screening (Second Trimester) - Quadruple Markers (Serum.)

Alpha Feto Protein - AFP (Maternal Screening) CLIA	16.70		ng/mL
hCG - Maternal Screening CLIA	52,956.00		mIU/mL
Estriol Unconjugated - uE3 - Maternal Screening CLIA	0.30		ng/mL
Inhibin A - Maternal Screen(CLIA)	265.90		pg/mL

Interpretation

The trisomy risk was calculated based on ultrasound gestational age, Quadruple marker results, patient demographics and other risk factors etc. **Neural Tube Defects (NTD):** The calculated MoM of AFP (0.43), found below the established normal cutoff of 2.5MoM, indicates low risk for fetal ONTDs at delivery date.

**Trisomy 21 (Down syndrome) & Trisomy 18 (Edwards' and Patau's syndrome) risk:** The calculated risks for trisomy 21 (1:1349) and trisomy 18 (<1:10000) were found in the low risk category, according to the established normal cutoff ratio of 1:250 (Refer Down's syndrome screening report). Please correlate clinically.

Quadruple Marker screening performance (for information)

Fetal abnormalities	Risk cut-off	Detection Rate (%)	FPR (%)
Neural tube defects (NTDs)	AFP MoMs $\leq 2.5$	Up to 81% (with quadruple markers)	<3-5%
Trisomy 21 (Down Syndrome)	1:250	or	
Trisomy 18 (Edward & Patau's syndrome)	1:100	Up to 90% (with Quadruple markers & ultrasonography)	

Note: FPR: false positive Rate; MoMs: Multiples of Medians

Remarks

- The Quadruple marker is an effective & noninvasive maternal blood test, performed in 2nd trimester to identify the risk of pregnant women for Down syndrome (Trisomy 21), Edward & Patau's syndrome (trisomy 18) & Neural Tube Defects (ONTDs). This screening test measures the levels of four substances, AFP, Beta hCG, uE3 & Inhibin-A in the maternal blood. Ideally all pregnant women should be screened for prenatal disorders irrespective of maternal age
- Quadruple marker risk calculation is generated by using : Prisca 5.0.2.37 software based on Quadruple marker results, demographics like maternal age, weight, gestational age/LMP date, race and other risk factors like insulin dependent diabetes (IDD), smoking habits (if any) 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 represent the likelihood ratios for each parameter falling into an affected or unaffected risk for trisomy 21 & 18 based on the maternal age
- As the risk calculations are statistical approaches and have no diagnostic value a negative test does not necessarily rule out the absence of fetal defects and a positive test is not diagnostic but suggests need for further diagnosis. Hence a high risk report should be followed by tests like Amniocentesis for confirmation
- In case, if the provided LMP date/gestational age or other risk factors etc. needs any correction, the risk analysis will be recalculated according to the corrected parameters to avoid technical errors, if any





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SOFTWARE GENERATED GRAPHICAL REPORT ATTACHED OVERLEAF.

*Sanjeeta*

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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.

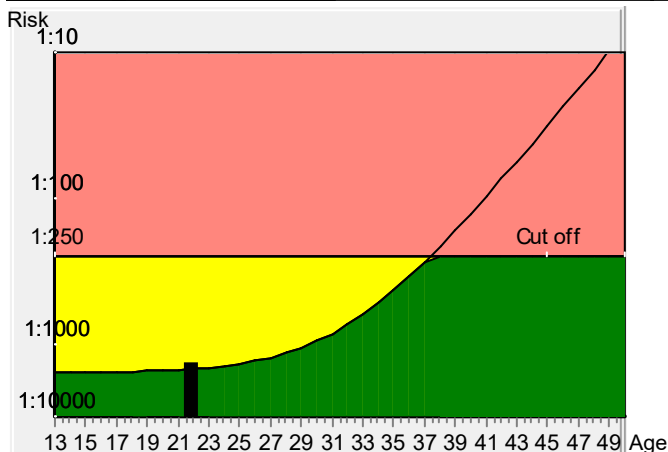


**Result Down's syndrome screening**

Name	Miss.PR0058	Sample ID	20385484	diabetes	no
		D.O.B.	01-01-2005	Fetuses	1
Patient ID	20385484	Age at delivery	21.8	Smoker	no
Day of serum taking	18-04-2026	Weight [kg]	41 kg	IVF	no
Date of report:	22-04-2026			Ethnic origin	Asian
Previous trisomy 21 pregnancies	no				

**Corrected MoM's and calculated risks**

AFP	16.7	ng/ml	0.43	Corr. MoM	Gestational age at sample date	14 + 2
uE3	0.3	ng/ml	1.15	Corr. MoM	determination method	CRL (<>Robinson)
HCG	52956	mIU/ml	0.98	Corr. MoM	Physician	DR. ..
Inh-A	265.9	Pg/ml	1.19	Corr. MoM		



**Tr.21 risk**  
at term  
1:1349

**Age risk**  
at term  
1:1501

**Down's Syndrome Risk**

**The calculated risk for Trisomy 21 is below the cut off which represents a low risk.**  
After the result of the Trisomy 21 test it is expected that among 1349 women with the same data, there is one woman with a trisomy 21 pregnancy and 1348 women with not affected pregnancies.  
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!

**Neural tube defects risk**

**The corrected MoM AFP (0.43) is located in the low risk area for neural tube defects.**

**Risk for trisomy 18**

**The calculated risk for trisomy 18 is < 1:10000, which indicates a low risk.**

below cut off

Below Cut Off, but above Age Risk

above cut off