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

MC-2751

AMPATH
ACCURATE DIAGNOSTICS, AMERICAN STANDARDS.

LABORATORY REPORT

NAME	**: MISS.PR0059**	REFERRED BY	: SELF	VISIT NO	: VAMP26148189
AGE	: 40Y 0M 0D	ZERO TARIFF CLIENT CODE		COLLECTED ON	: 21-04-2026 10:00
GENDER	: Female	**LAB MR#**	**: AAMP01479468**	RECEIVED ON	: 21-04-2026 19:51
OP / IP / DG #	:			APPROVED ON	: 22-04-2026 18:04
				REPORT STATUS	: Final Report

Test Name	Result	Biological Ref. Interval	Unit
BIOCHEMISTRY			
Maternal Screening (Second Trimester) - Triple Markers *(Serum.)*			
Alpha Feto Protein - AFP (Maternal Screening) *CLIA*	50.80		ng/mL
hCG - Maternal Screening *CLIA*	141,285.00		mIU/mL
Estriol Unconjugated - uE3 - Maternal Screening *CLIA*	0.60		ng/mL

Interpretation

The trisomy risk was calculated based on ultrasound gestational age, Triple marker results, patient demographics and other risk factors like history of IDD etc.

Neural Tube Defects (NTD): The calculated MoM of AFP (1.15) found below the established normal cutoff of 2.5 MoM, 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 (1:893) and trisomy 18(<1:10000) were found in the low risk category, according to the established normal cutoff (Refer Down's syndrome screening report). Please correlate clinically.

Triple Marker screening performance (for information)

Fetal abnormalities	Risk cut-off	Detection Rate (%)	FPR (%)
Neural tube defects (NTDs)	AFP MoMs ≤2.5	Upto 70-75%	2-4%
Trisomy 21 (Down Syndrome)	1:250	Upto 69%	<5%
Trisomy 18 (Edward & Patau's syndrome)	1:100	Upto 69%	<5%

FPR: false positive Rate; MoMs: Multiples of Medians

Remarks

The Triple marker is an effective & noninvasive blood test, performed in 2nd trimester to identify the risk of pregnant women for Down syndrome (Trisomy 21), Edward syndrome and Patau's syndrome (trisomy 18) & oral Neural Tube Defects (ONTDs). This screening test measures the levels of three substances, AFP, Beta hCG and uE3 in the maternal blood. Ideally all pregnant women should be screened for prenatal disorders irrespective of maternal age

- Triple marker risk calculation is generated by using : Prisca 5.0.2.37 software based on triple marker results, demographics like gestational age or LMP date/ultrasound report, race and other risk factors like Insulin dependent diabetes (IDD), smoking habits (if any) etc. 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
- Prenatal screen is not a diagnostic test but rather a tool for risk assessment. 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. As the screening test does not confirm trisomy, a high risk report should be followed by Amniocentesis for confirmation
- In case, if the provided DOB/LMP date/gestational age or other risk factors etc. needs any correction, the risk analysis will be recalculated

Sin No: 20385485

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Test Name	Result	Biological Ref. Interval	Unit

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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Date of report: **22-04-2026**
Prisca 5.0.2.37

DR.
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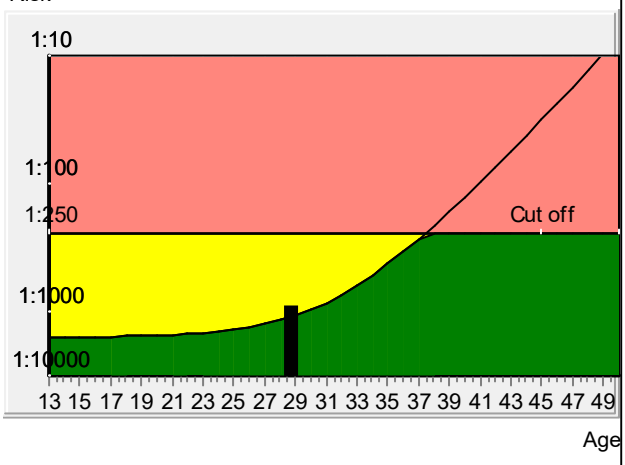
Patient data		Ultrasound data	
Name	Miss.PR0059	Gestational age	12 + 4
D.O.B.	13-01-1998	Scan date	02-04-2026
Age at delivery	28.7	Method	CRL (<>Robinson)

Correction factors					
Fetuses	1	IVF	no	Previous trisomy 21 pregancies	no
Weight in kg	38	diabetes	no		
Smoker	no	Origin	Asian		

Risks at term			
Age risk at term	1:1095	Trisomy 21	1:893
Overall population risk	1:600	Trisomy 18	<1:10000
Neural tube defects risk	1:2062		

Pregnancy data		Parameter	Value		Corr. MoM
Sample Date	17-04-2026	AFP	50.8	ng/ml	1.15
Gestational age at sample date	14 + 5	HCG	141285	mIU/ml	2.68
		uE3	0.6	ng/ml	1.55
determination method	CRL (<>Robinson)				



Trisomy 21

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 893 women with the same data, there is one woman with a trisomy 21 pregnancy and 892 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!

Trisomy 18

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

Neural tube defects risk

The corrected MoM AFP (1.15) is located in the low risk area for neural tube defects.

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