LAB

Tel : 12345678

Address PUNE, INDIA

Patient Details

Name : DUMMY PATIENT

Date of Birth : 6 Sep 1973

Age : 50 years/Female

Contact Number : 1111111111 %>

Referred By :

Report Details

Name : Double Marker (1st trimester) (Downs syndrome screening through analysis of Free ß-HCG, PAPP-a and statistical risk factor calculation)

Sampling Received At :

VERIFIED BY DR.XYZ ABC at 1 pm.

Name	Result	Normal Range
Free Beta-HCG(ng/ml)	2.5	*
PPAP-A(mIU/ml)	2	*
Last Menstrual Period Date(-)	10/2/2024	*
Weight(kg)	54	*
Risk of Trisomy 13 - 18 - with NT(ratio)	< 1:250	< 1 : 100
Risk of Trisomy 21 - with NT(ratio)	< 1:1000	< 1 : 250

Impression

Overview

1. Risk of Trisomy 18 and Trisomy 21 is low.

Advise

1. Clinical Correlation

ALL PATHOFAST LAB REPORTS ARE SIGNED BY UNQIUE QR-CODES TO PREVENT FORGERY. SCAN THE QR-CODE NEXT TO THE SIGNATURE BELOW -> COMPARE THE PATIENT NAME DISPLAYED.

Authorized By

Test Methods

1. CLIA
2. Date
3. Manual
4. Calculated

Notes, Interpretation & Interfering Factors

1. Multiple marker serum screening has become a standard tool used in obstetrical care to identify pregnancies that may have an increased risk for certain birth defects, including neural tube defects (NTD), trisomy 21 (Down

Disclaimer

This is a sample report, on a dummy patient, signed by a dummy doctor. The actual report format may vary and you are requested not to compare with the same.

1. 'Sample Received At' refers to the date and time of the first sample collection done for a patient, for a given set of tests. In case of subsequent collections(eg in case of Fasting and PP, suppression or stimulation tests) the time may not reflect the actual time of colleciton.
2. Methods of measurement are mentioned together at the bottom of each report, test units to the right of each test name.All reeports are subject to clinical correlation and not intended for forensic purposes.

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Dr. ABC XYZ
(DOCTOR)
Registration Number : 123456

syndrome), and trisomy 18 (Edwards syndrome). The screen is performed by measuring analytes in maternal serum that are produced by the fetus and the placenta. The analyte values along with maternal demographic information such as age, weight, gestational age, diabetic status, and race are used together in a mathematical model to derive a risk estimate.

2. A screen-positive result indicates that the value obtained exceeds the established cutoff. A positive screen does not provide a diagnosis, but indicates that further evaluation should be considered (fresh ultrasound to confirm dates and chorionic villus sampling / amniocentesis followed by karyotyping / FISH for detection of aneuploidy or amniotic fluid AFP and acetylcholinesterase measurements for NTD).
3. First trimester test does not screen for neural tube defects. If risk assessment for neural tube defects is desired, collect specimen between 15 wks - 22 wks for an AFP single marker screen.
4. Reference Values : a. Down Syndrome : Risk > or =1/250 is reported as screen positive. b. Trisomy 18 : Risk > or =1/100 is reported as screen positive.
5. Race, weight, smoking, multiple fetus pregnancy, insulin-dependent diabetes (IDD), and in vitro fertilization (IVF) may affect marker concentrations. The estimated risk calculations and screen results are dependent on accurate gestational age and maternal demographic information. Because of its increased accuracy, determination of gestational age by ultrasound is recommended, rather than by last menstrual period, when possible. If any information is incorrect, the laboratory should be contacted for a recalculation of the estimated risks.
6. A screen-negative result does not guarantee the absence of fetal defects.
7. Triplet and higher multiple pregnancies cannot be interpreted.