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MEDICAL LABORATORY

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Ms. PRITHA RAJU

PID NO : 47066
Sex: Female **Age:**31 Years - 01-May-1994

Reference : CITICARE MEDICAL CENTER
Sample Collected At :
CITICARE MEDICAL CENTER
Unit G03, Al Barsha South Bldg, Al Barhsa South Third, Dubai

VID : 5060101336
Registered on :
05-Jun-2025 12:09 AM
Collected on :
04-Jun-2025 04:34 PM
Reported on :
05-Jun-2025 05:36 PM

Investigation	Observed Value	Unit	Biological Reference Interval	Flag
MATERNAL SCREEN-1ST TRIMESTER DUAL MARKER TEST				
* **FREE BETA HCG** (Serum, ECLIA)	13.6	IU/L	Refer to Interpretation	
* **PAPP-A** (Serum, ECLIA)	4669	mIU/L	Refer to Interpretation	

Please refer to next page for statistical calculation and final report.

Interpretation Notes:

1. Free ßHCG and PAPP-A are measured using Roche (Cobas Pro/Cobas Pure) by CLIA method.
2. Free ßHCG in combination with serum pregnancy-associated plasma protein A (PAPP-A) and the sonographic determination of nuchal translucency (NT) identifies women at an increased risk of carrying a fetus affected with Down Syndrome and Trisomy 18/13 during first trimester (week 8-14) of pregnancy. Using this marker combination, detection rates of up to 70% (serum markers only) and 90% (combined with NT) have been described with a false positive rate of 5%. When the USG also includes the presence of nasal bone, the detection rate was found to reach 97%.
3. **The Statistical Risk Factor is calculated using SSDW software V6.3**. Risk analysis is based on maternal age, NT, as well as biochemical parameters, corrected by different factors such as maternal weight, smoking and ethnicity, etc.
4. The statistical evaluation enclosed being more informative, the reference ranges for the biochemical parameters are not mentioned in the report.
5. It is advisable to ask for repeat calculations (not the test), in case history provided is incorrect.

Interpretation Guidelines:

Disorder	Screen positive Cut off (ACOG 2007)
Trisomy 21	1:250
Trisomy 18/Trisomy 13	1:100

1:250 risk factor means out of 250 women having similar results and history, 1 may have abnormality.

Note: Fetal Medicine Foundation (FMF) recommends NT value screen between 11 to 13.6 weeks of gestation for adequate risk calculation.

Disclaimer: This is a screening test only which merely indicates a low risk or a high risk and aids in warranting a clinician to investigate further. NIPT or confirmatory tests such as amniocentesis/ CVS should be considered as per advise of your gynecologist. Since this is a screening test, it cannot discriminate all affected pregnancies from all unaffected pregnancies. Screening cut offs are established using MoM values that maximize the detection rate and minimize false positives.

Condition Screened	Interpretation
Down's syndrome (T21)	Low Risk
Edwards syndrome (T18)	Low Risk
Patau Syndrome (T13)	Low Risk

---------- End Of Report ----------

DR. ADLEY MARK FERNANDES
M.D (Pathology)
Pathologist

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M.D (Pathology)
Clinical Pathologist

SUNJO CYRILLA BERKA
Laboratory Technician

This is an Electronically Authenticated Report.

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Test result pertains only to the sample tested and to be interpreted in the light of clinical history. These tests are accredited under ISO 15189 unless specified by (*).

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First Trimester Screening results

Patient data

Name and surname:	PRITHA RAJU	**Weight:**	47.3 Kg.
PIC:	5060101336	**Height:**	N/I
Race/Ethnicity:	SOUTH ASIAN	**Diabetes:**	No
Date of birth:	01/05/1994 (31 years in the DoB)	**Smoker:**	No
Type of Pregnancy:	Spontaneus	**Ovulation Ind.:**	No

Biochemical data

Sample date:	04/06/2025		**Gestational age:**	13 weeks and 2 days
Laboratory code:	25060101336			
Free beta hCG 1T:	13.6 IU/L	0.39 MoM		
PAPP-A:	4669 mIU/L	0.88 MoM		

Ultrasound data

Ultrasound date:	03/06/2025		**Gestational age:**	13 weeks and 1 day
CRL:	69.5 mm			
Nuchal Translucency:	1.8 mm	1.03 MoM		

Dichotomous markers

Absent nasal bones=**No**.

Risk report (At screening date)

Risk type	*Probability*	*Result*	*Graphic representation*
Trisomy 21 age risk:	1/471		**1/471**
Trisomy 21:	**< 1/10000**	**Low Risk**	**< 1/10000** 250
Trisomy 18/13:	**1/19822**	**Low Risk**	**1/19822** 100

Observations

Low Risk.

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

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