105 -108, SMART VISION COMPLEX, HEALTHCARE ROAD, OPPOSITE HEALTHCARE COMPLEX. MUMBAI - 689578

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Yashvi M. Patel

Age: 21 Years Sex: Female PID: 556



Sample Collected At:

125, Shivam Bungalow, S G Road,

Mumbai

Ref. By: Dr. Hiren Shah



Registered on: 02:31 PM 02 Dec. 2X Collected on: 03:11 PM 02 Dec, 2X Reported on: 04:35 PM 02 Dec, 2X

DOUBLE MARKER

Investigation	Result	Reference Value	Unit
MATERNAL SERUM; DUAL MARKER			
BETA HCG FREE	37.00	8.00	ng/mL
PAPP-A CLIA	6.00	6.00	mIU/mL

Note

- Screening tests are based on statistical analysis of patient demographic and biochemical data. They simply indicate a high or low risk category. Confirmation of screen positives is recommended by Chorionic Villus Sampling (CVS).
- The interpretive unit is MoM (Multiples of Median) which takes into account variables such as gestational age (ultrasound), maternal weight, race, insulin dependent Diabetes, multiple gestation, IVF (Date of Birth of Donor, if applicable), smoking & previous history of Down syndrome. Accurate availability of this data for Risk Calculation
- Detection rate for Down syndrome is 60% with a false positive rate of 5% if only biochemical risk is estimated. A combination of Nuchal translucency and biochemical tests (Combined test) has detection rate of Down syndrome 82 to 87% at 5% false positive rate. Addition of absent nasal bone status can improve detection rate up to 93% at false positive rate of 2.5%

Comments:

First trimester screening for Prenatal disorders (Trisomy 21, 18 & 13) is essential to identify those women at sufficient risk for a congenital anomaly in the fetus to warrant further evaluation and follow up. For Open neural tube defects, second trimester screening before 20 weeks is recommended. Screening cutoffs are established by using MoM values that maximize the detection rate and minimize false positives. This is a risk estimation test and not a diagnostic test. An increased risk result does not mean that the fetus is affected and a low-risk result does not mean that the fetus is unaffected. Reported risks should be correlated according to the absence/presence of sonographic markers observed in the anomaly/malformation scan.

Thanks for Reference

(DMLT, BMLT)

****End of Report****

Medical Lab Technician

Dr. Payal Shah (MD. Pathologist)

Dr. Vimal Shah

(MD, Pathologist)

Generated on: 02 Dec, 202X 05:00 PM

