PO No :PO3948406596-580

Name	: Ms.DR. NIMI GOYAL	Client Name	: TATA 1MG OKHLA
Age/Gender	: 30/Female	Referred By	: Dr.
Patient ID	: OKH2136295	Collection Date	: 07/May/2025 07:03AM
Barcode ID/Order ID	: D19376371 / 12782931	Report Date	: 09/May/2025 03:50PM
Sample Type	: Serum	Report Status	: Final Report

IMMUNOASSAY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Double Marker Test- First Trimester				
Free Beta HCG	19.50	ng/mL		CLIA
PAPP-A (Pregnancy Associated Plasma Protein)	6.100	mIU/mL		CLIA

Comment:

*Graph enclosed-**Maternal Serum Screen [Dual Marker]First trimester**
Result relate only to the sample, as received
The calculated risk by PRISCA depends on the accuracy of the information provided by the referring Physician.
All software may not give similar risk factor for the similar data

DISORDER	SCREEN POSITIVE CUT OFF
Trisomy 21 (Down)	1:250
Trisomy 18/13	1:100

* **This is a screening test,not a diagnostic test.**This risk assessment report is based in part on demographic data provided by the ordering Physician.Please notify the laboratory promptly if any data is incorrect.
*It is Statistical risk factor calculation for Trisomy 21 (Down's syndrome), Trisomy 18 (Edward Syndrome) and Trisomy 13 using CE marked PRISCA 5.1 software.
*Screening tests are based on statistical analysis of patient demographic and biochemical data. They simply indicate a high or low risk category. 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 is critical.** ·
*Ideally all pregnant women should be screened for Prenatal disorders irrespective of maternal age. The test is valid between 9-13.6 weeks of gestation, but **ideal sampling time is between 11-13 weeks gestation.**
* First trimester detection rate of Down syndrome is 60% with a false positive rate of 5%. A combination of Nuchal translucency, Nasal bone visualization and biochemical tests (Combined test) increases the detection rate of Down syndrome to 85% at the same false positive rate.
*Statistical evaluation enclosed being more informative ,the reference ranges for the biochemical parameters are not quoted on the report.
*In case of CRL below 38mm,CRL & NT are not taken for calculation .
*Screening cutoffs are established by using MoM values that maximize the detection rate and minimize false positives.
* CLIA : Chemiluminescence Immunoassay.

***** End Of Report *****

NABL certificate and scope

MC - 5424

This test has been performed at
TATA 1MG OKHLA
Address: 2nd Floor, B-225, Okhla Phase I, Okhla Industrial Estate, New Delhi, Delhi 110020

Dr. Dhananjay Singh
MBBS, MD(Pathology)
Consultant Pathologist
Reg No: 63325

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TATA 1mg Technologies Pvt. Ltd.
2nd Floor, B-225, Okhla Industrial Area, Phase-1
New Delhi-110020

Prisca 5.2.0.13

Date of report: 09/05/25

Patient data

Name	Ms.DR. NIMI GOYAL	Patient ID	OKH2136295
Birthday	29/12/95	Sample ID	D19376371
Age at delivery	29.9	Sample Date	07/05/25
Gestational age	12 + 5		

Correction factors

Fetuses	1	IVF	no	Previous trisomy 21 pregnancies	no
Weight	74	diabetes	no		
Smoker	no	Origin	Asian		

Biochemical data

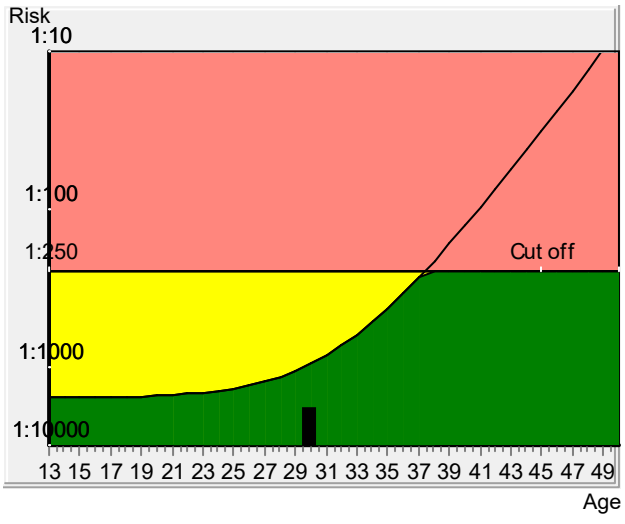
Parameter	Value	Corr. MoM
PAPP-A	6.1 mIU/ml	2.07
fb-hCG	19.5 ng/ml	0.59

Risks at term

Age risk	1:978
Biochemical T21 risk	<1:10000
Combined trisomy 21 risk	<1:10000
Trisomy 13/18 + NT	<1:10000

Ultrasound data

Gestational age	12 + 4
Method	CRL Robinson
Scan date	06/05/25
Crown rump length in mm	62.8
Nuchal translucency MoM	0.80
Nasal bone	present
Sonographer	DR TULIKA
Qualifications in measuring NT	MD



Trisomy 21

The calculated risk for Trisomy 21 (with nuchal translucency) is below the cut off, which indicates a low risk.
After the result of the Trisomy 21 test (with NT) it is expected that among more than 10000 women with the same data, there is one woman with a trisomy 21 pregnancy.
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!
The patient combined risk presumes the NT measurement was done according to accepted guidelines (Prenat Diagn 18: 511-523 (1998)).
The laboratory can not be hold responsible for their impact on the risk assessment ! Calculated risks have no diagnostic value!

Trisomy 13/18 + NT

The calculated risk for trisomy 13/18 (with nuchal translucency) is < 1:10000, which represents a low risk.

Sign of Physician

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

TATA 1mg | Labs

TATA

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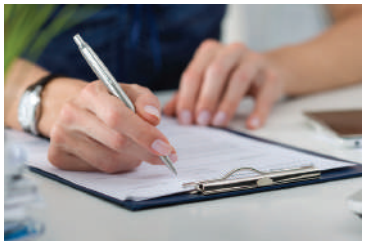

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Reference: 1. Data on File **2.** Marwaha, Raman K., et al. "Efficacy of micellized vs. fat-soluble vitamin D3 supplementation in healthy school children from Northern India."Journal of Pediatric Endocrinology and Metabolism 29.12.

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