Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
IMMUNOASSAY
Triple marker (Prenatal Second Trimester Screening)
(Chemiluminescence Immunoassay)
\*PATIENT SPECIFICATIONS\* \* ULTRA SOUND DETAILS\*
WEIGHT Kg. DATE OF ULTRASOUND
H/O SMOKING METHOD FOR GESTATION
AGE ESTIMATION
H/O DIABETES FOETUS (NO'S)
H/O IVF GA ON THE DAY OF
SAMPLE COLLECTION
ETHNIC ORIGIN
\*Graph enclosed
\*Results 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.
Test name Result Unit Biological ref. interval
Alpha Feto Protein (Maternal screen) 28.40 ng/mL Pregnancy : 2nd Trimester
(14+3 to 21+3)(W+D) (27.20-139.00)
Unconjugated Estriol (uE3) 0.343 ng/mL Pregnancy, 2nd Trimester gest. Week (14-19) (0.14-3.02)
Pregnancy, 3rd Trimester Gest. Week (27-39): (2.3-11.2)
HCG, Quantitative (Maternal screen) 27849.00 mIU/mL Pregnancy Gest. Week
(14-21) : (6140-78100)
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 is any data is incorrect.
NOTE : This test was processed at third party lab.
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