Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
Primary Sample Type- Serum
Triple Screening Value Units Reference range
Serum HCG (CLIA/immulite-2000) 25068.00 mIU/ml
Serum AFP
(CLIA/immulite-2000) 68.80 ng/ml
Serum free Estriol (CLIA/imm-2000) 2.30 ng/ml 0.07-12.0
Risk assessment Graph attached
Trisomy 21 Low risk
Trisomy 13 & 18 Low risk
Neural tube defect Low risk
Remarks Graph attached
NOTE : This test was processed at third party lab.
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