





To: Safal Hospital

47, Congress Nagar,

Opp-DNC College Nagpur

MAHARASHTRA

Nagpur - 440010

Contact: 8055211820

Report Of: Mrs. SURABHI GHUGHRE

Pt. Contact: 8600018008

Sample ID 2200050182

Patient ID 1002213520

Received on 29/04/2022 14:05

Registered on 02/05/2022 09:59

Reported on 02/05/2022 13:45

Referred by DR.SHILPI SUD

Sonography by DR.PRIYA SAHU

EVICOSCREEN - EVIDENCE BASED COMPREHENSIVE PRENATAL SCREENING REPORT

Patient Name: Mrs. SURABHI GHUGHR	E	Patient DOB: 05/01/1992		
Ethnicity: Asian	City: NAGPUR	Hospital ID:		

Sample Type: Serum

Risk assessment: Algorithm validated by SURUSS 2003, N.J Wald

Method: Electrochemiluminescence

EVIC Screen is an evidence based prenatal screening program curated by Lilac Insights in accordance with the Fetal Medicine Foundation (UK) guidelines for First Trimester Screening to determine the probability of most common chromosomal aneuploidies in a pregnancy. It utilizes:

- Hormonal values from the pregnancy measured on Fetal Medicine foundation (UK) accredited analyzers and reagents
- Robust indigenous medians from over 5 lac+ pregnancies for different gestation ages
- Risk calculations from evidence based algorithms validated through large international studies
- External audit of the prenatal screening program by United Kingdom National External Quality Assessment Service (UKNEQAS) scheme and Randox International Quality Assessment Scheme (RIQAS)

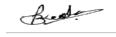
RISK ASSESSMENT					MULTIPLE OF		
T21 (Down syndrome)	1: 11000	Low Risk	LOW	INTERMEDIATE HIGH	MEDIAN (MoM)		
T18 (Edwards' syndrome)	1: 100000	Low Risk	LOW	HIGH	Free ß-hCG 1.11		
T13 (Patau syndrome)	1:61000	Low Risk	LOW	HIGH	PAPP-A 1.47		

INTERPRETATION

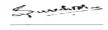
The First Trimester Screening for the given sample is found SCREEN NEGATIVE.







Verified by
Mr. Pradip Kadam
Incharge Biochemistry



Verified by **Dr. Suresh Bhanushali**MD (Path), Consultant Pathologist











Patient name: Mrs. SURABHI GHUGHRE Sample ID: 2200050182

PREGNANCY DETAILS										
No. of fetuse	es	:1		EDD	:02/11/2022	Age at Term	:30.8	Years		
GA is Based	on	: CRL 67.7mm at 2	27/04/2022	LMP Date	:01/02/2022	LMP Certain	LMP Certainty : Regular			
Smoking: No	moking: None Parity:		Height	:	Weight	Weight : 57.00 Kg				
FHR :										
Pi	reviou	us pregnancy histo	ory	Pre	-eclampsia histor	У	Other findings			
Down syndrome Edwards' syndrome			PE in previous pregnancy		Insuli	Insulin dependent diabetes				
Patau syndrome NTD syndrome			Pat. mother had PE			Chronic hypertension				
EDD: Estimate	ed Due L	Date GA: Gestation Age	: LMP: Last Me	enstrual Period	FHR: Fetal Heart Rate	NTD: Neural Tube Defe	ct PE: Pre-ec	clampsia DOB: Date		
EDD: Estimated Due Date GA: Gestation Age LMP: Last Menstrual Period FHR: Fetal Heart Rate NTD: Neural Tube Defect PE: Pre-eclampsia DOB: Date of Birth										
				SPECIME	EN DETAILS					
Sample ID		:2200050182	CRL :	67.7 mm	Test Name	Conc.	Unit	Corr. Mom		
Collection D	ate	: 28/04/2022	CRL2 :		Free-ß-hCG	34.73	ng/mL	1.11		
Scan Date		: 27/04/2022	BPD :		NT	1.7	mm	1.13		
GA at Coll D	ate	: 13 Weeks 1 Days	BPD2 :		PAPP-A	10891.55	mIU/L	1.47		
GA at Scan D	Date	: 13 Weeks 0 Days	HC :							
Received on		: 29/04/2022	HC2 :							
GA: Gestation	n Age C	RL: Crown Rump Length	n BPD: Bi-pario	etal Diameter F	HC: Head Circumference	e free-ß-hCG: free-Beta i	Human Chor.	ionic Gonadotropin		
NT: Nuchal Translucency PAPP-A: Pregnancy-associated Plasma Protein-A										
RISKS										
Disorder: Down Syndrome Result: Low Risk										
Final risk:	1:110	000	Age risk:	1:900						
Cutoff	1:250)	Risk type	Risk At Ter	m					
Disorder: Edwards' Syndrome Result: Low Risk										
Final risk:	1:100	0000	Age risk:	1:7000						
Cutoff	1:100)	Risk type	Risk At Ter	m					
Disorder: Patau Syndrome Result: Low Risk										
Final risk:	1:610		Age risk:	1:10000				-		
Cutoff	1:100)	Risk type	Risk At Ter	m					

















Patient name: Mrs. SURABHI GHUGHRE Sample ID: 2200050182

PRENATAL SCREENING BACKGROUND

Every pregnant woman carries a certain degree of risk that her fetus/baby may have certain chromosomal defect/ abnormalities. Diagnosis of these fetal chromosomal abnormalities requires confirmatory testing through analysis of amniocytes or Chorionic Villous Samples (CVS). However, amniocentesis and CVS procedures carry some degree of risk for miscarriage or other pregnancy complications (Tabor and Alfirevic, 2010). Therefore in routine practice, prenatal screening tests are offered to a pregnant woman to provide her a personalised risk for the most common chromosomal abnormalities (T21-Down syndrome, T18- Edwards' syndrome, T13- Patau syndrome) using her peripheral blood sample. Based on this risk assessment, if the risk is high or intermediate, you can take informed decision of opting for invasive procedure such as amniocentesis or CVS followed by confirmatory diagnostic test(s), as per discussion with your clinician.

PRENATAL SCREENING TESTS ARE NOT CONFIRMATORY TESTS. THEY ARE LIKELIHOOD ASSESSMENT TESTS.

You may get your prenatal screening result as either of the following:-

High Risk

High Risk or Screen Positive Result: A High Risk Result does not mean that the pregnancy is affected with the condition. It means that the likelihood of the pregnancy having a condition is higher than the cut-off (Most commonly used cut-off is 1:250 and this represents the risk of pregnancy loss from confirmatory testing through CVS or amniocentesis).

Low Risk

Low Risk or Screen Negative Result: A Low Risk result does not mean that the pregnancy is not affected with a condition. It means that the likelihood of the pregnancy having a condition is lower than the cut-off.

Intermediate Risk Intermediate Risk result: An intermediate Risk result means that the pregnancy has an equivocal or a borderline risk of being affected with a condition. In this case, you may want to choose a second stage screening modality like an Integrated Screening Test that is done between 16 to 20 weeks of pregnancy or a Non-invasive Prenatal Screening Test between 12 to 20 weeks of pregnancy before taking a decision on an invasive confirmatory testing. This will help you improve the sensitivity of the screening test keeping an invasive test a last option were you to come as a high risk in the second stage screening test.

SIGNIFICANCE OF MULTIPLE OF MEDIANS (MoMs)

Prenatal Screening determines the likelihood of the pregnancy being affected with certain conditions by analysing levels of certain hormones. These hormones are Feto placental products (released by Fetus or placenta). Their levels not only indicate propensity of the fetus being affected with certain chromosomal conditions, they also provide indication of placental insufficiency that can potentially lead to pregnancy complications like Pre-Eclampsia or Intra-Uterine Growth Restriction. It is therefore important to take cognisance of the Reported MoMs alongside the Risk results.

For more information, visit our website at: www.lilacinsights.com/faq-pns

DISCLAIMERS

Limitations of the Test:

As prenatal screening tests are not confirmatory diagnostic tests, the possibility of false positive or false negative results can not be denied. The results issued for this test does not eliminate the possibility that this pregnancy may be associated with other chromosomal or sub- chromosomal abnormalities, birth defects and other complications.

Nuchal Translucency is the most prominent marker in screening for Trisomy 13, 18, 21 in the first trimester and should be measured in accordance with the Fetal Medicine Foundation (UK) guidelines. Nuchal Translucency or Crown Rump Length measurement, if not performed as per FMF (UK) imaging guidelines may lead to erroneous risk assessments and Lilac Insights bears no responsibility for errors arising due to sonography measurements not performed as per these criteria defined by international bodies such as FMF (UK), ISUOG.

It is assumed that the details provided along with the sample are correct. The manner in which this information is used to guide patient care is the responsibility of the healthcare provider, including advising for the need for genetic counselling or additional diagnostic testing like amniocentesis or Chorionic Villus Sampling. Any diagnostic test should be interpreted in the context of all available clinical findings. As with any medical test, there is always a chance of failure or error in sample analysis though extensive measures are taken to avoid these errors.

Note:

- $\bullet \quad \text{Quality of the Down syndrome screening program (Biochemical values, MoMs and Risk assessments) is monitored by UKNEQAS on an ongoing basis.}\\$
- This interpretation assumes that patient and specimen details are accurate and correct.
- Lilac Insights does not bear responsibility for the NT & CRL measurements. We strongly recommend that NT/ CRL measurements are performed as per FMF (UK)/ISUOG practice guidelines.
- It must be clearly understood that the results represent risk and not diagnostic outcomes. Increased risk does not mean that the baby is affected and further tests must be performed before a firm diagnosis can be made. A Low Risk result does not exclude the possibility of Down's syndrome or other abnormalities, as the risk assessment does not detect all affected pregnancies.

END OF REPORT



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