





To: Shreya Hospital-Nabha
Nabha
Punjab
Patiala - 147201
Contact:
Report Of: Mrs. AMANDEEP KAUR W/O
GURPREET SINGH
Pt. Contact: 9316620411

 Sample ID
 2200056281

 Patient ID
 1002218928

 Received on
 12/05/2022 12:52

 Registered on
 13/05/2022 15:09

 Reported on
 14/05/2022 06:05

 Referred by
 DR.REENA BANSAL

 Sonography by
 DR.REENA BANSAL

EVICOSCREEN - EVIDENCE BASED COMPREHENSIVE PRENATAL SCREENING REPORT

Patient Name: Mrs. AMANDEE	P KAUR W/O GURPREET SINGI	H Patient DOB: 01/01/1994
Ethnicity: Asian	City: PATIALA	Hospital ID:
Sample Type: Serum		Risk assessment: Algorithm validated by SURUSS 2003, N.J Wald
Method: Time-resolved Fluro	immunoassay	

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

- 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)

RI				
T21 (Down syndrome)	1: 11768	Low Risk	LOW	INTERMEDIATE HIGH
T18 (Edwards' syndrome)	1: 100000	Low Risk	LOW	HIGH
T13 (Patau syndrome)	1:100000	Low Risk	LOW	HIGH

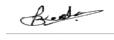
MULTIPLE OF MEDIAN (MoM)						
Free ß-hCG PAPP-A	1.78 1.62					

INTERPRETATION

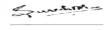
The First Trimester Screening for the given sample is found **SCREEN NEGATIVE**.







Verified by
Mr. Pradip Kadam
Incharge Biochemistry



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











Patient name: Mrs. AMANDEEP KAUR W/O GURPREET SINGH Sample ID: 2200056281

				PRI	EGNANCY	/ DETAILS					
No. of fetuse	:s	:1		EDI)	:11/11/2022		Age at Tern	ı :28.9	Years	
GA is Based o	SA is Based on : CRL 72.5 mm at 09/05/2022		LMI	P Date	: 04/02/2022 LMP Certainty		nty : Regu	lar			
Smoking: No	Smoking: None Parity:		Hei	ght	:		Weight	0 Kg			
FHR :											
Previous pregnancy history					Pre-eclampsia history			Other findings			
Down syndrome Edwards' syndrome			_, <u></u>	PE in previous pregnancy			Insulin dependent diabetes				
Patau syndrome NTD syndrome				Pat. mother had PE			Chronic hypertension				
EDD: Estimate	ed Due Dat	 e GA: Gestation Age	e LMP: Last M	enstrua	 Period FHR	2: Fetal Heart Rate N	ITD: N	eural Tube Defe	ect PE: Pre-e	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											
				SF	PECIMEN I	DETAILS					
Sample ID	: 2	2200056281	CRL	: 72.5 ı	mm	Test Name		Conc.	Unit	Corr. Mom	
Collection Da	ate :(09/05/2022	CRL2	:		Free-ß-hCG		45.92	ng/mL	1.78	
Scan Date	:(09/05/2022	BPD	:		NT		1.57	mm	0.92	
GA at Coll Da	ate ::	13 Weeks 3 Days	BPD2	:		PAPP-A		5210.00	mU/L	1.62	
GA at Scan D	Date : 1	13 Weeks 3 Days	HC	:							
Received on	::	12/05/2022	HC2	:							
GA: Gestation Age CRL: Crown Rump Length BPD: Bi-parietal Diameter HC: Head Circumference free-ß-hCG: free-Beta Human Chorionic Gonadotropin											
NT: Nuchal Translucency PAPP-A: Pregnancy-associated Plasma Protein-A											
					RISK	S					
Disorder: Down Syndrome							Resu	lt:	Low Risl		
Final risk:	nal risk: 1:11768 Age risk:		1:1	1:1085							
Cutoff	1:250		Risk type	Ris	sk At Term						
Disorder: Edwards' Syndrome						Resu	lt:	Low Risl			
Final risk:	c: 1:100000 A		Age risk:	1:9758							
Cutoff	1:100		Risk type	Ris	sk At Term						
Disorder: Par	tau Syndı	rome					Resu	lt:	Low Risl	(
Final risk: 1:100000 Age risk:		1:2	29304					_			
Cutoff	1:100		Risk type	Ris	sk At Term						



Cutoff





Risk type











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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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