



To: Vatsalya Maternity and Nursing Home-Virar(E)

Ground Floor Mohak Chambers 2,

Near Rane Talav, Manvelpada,

Talav, Manvelpada, Virar East, Palghar

Maharashtra

Virar - 401305

Contact: 8830521446

Report Of: Mrs. ANKITA PRADEEP PATIL

Pt. Contact: 8600871879



Sample ID	2200094809			
Patient ID	1002255847			
Received on	02/08/2022 22:30			
Registered on	03/08/2022 20:07			
Reported on	04/08/2022 11:45			
Referred by	DR.SUNITA MORE			
Sonography by	DR.RASHIDA LABHIWALA			

EVICOSCREEN - EVIDENCE BASED COMPREHENSIVE PRENATAL SCREENING REPORT

Patient Name: Mrs. ANKITA PRAD	DEEP PATIL	Patient DOB: 25/01/1991	Patient DOB: 25/01/1991			
Ethnicity: <u>Asian</u>	City: MUMBAI	Hospital ID:				

Sample Type: Serum

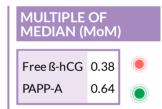
Risk assessment: Algorithm validated by SURUSS 2003, N.J Wald

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)

RI				
T21 (Down syndrome)	1: 100000	Low Risk	LOW	INTERMEDIATE HIGH
T18 (Edwards' syndrome)	1:84000	Low Risk	LOW	HIGH
T13 (Patau syndrome)	1: 18000	Low Risk	LOW	HIGH



INTERPRETATION

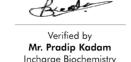
The First Trimester Screening for the given sample is found SCREEN NEGATIVE.

SUGGESTIONS AND OTHER FINDINGS

In view of low free β hCG, serial growth scans are recommended to assess for fetal growth restriction.









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





Patient name: Mrs. ANKITA PRADEEP PATIL Sample ID: 2200094809

PREGNANCY DETAILS									
No. of fetuses : 1		EDD	:03/02/2023	Age at Term : 32.0 Years		Years			
GA is Based on : CRL 62mm at 26/07/2022		LMP Date	: 25/04/2022	LMP Certainty: Regular		lar			
Smoking: No	Smoking: None Parity:		Height	:	Weight : 45.80 Kg				
FHR :	FHR:								
Previous pregnancy history			Pre-ecla	Pre-eclampsia history		Other findings			
Down syndrome Edwards' syndrome		PE in prev	PE in previous pregnancy		Insulin dependent diabetes				
Patau syndrome NTD syndrome		Pat. mothe	Pat. mother had PE		Chronic hypertension				
EDD: Estimated	d Due E	Date GA: Gestation Age	/LMP: Last N	Menstrual Period FHR:	Fetal Heart Rate NTD: N	 leural Tube Defe	ect PE: Pre-e	clampsia DOB: Date	
				of Birth	1				
SPECIMEN DETAILS									
Sample ID		: 2200094809	CRL	: 62 mm	Test Name	Conc.	Unit	Corr. Mom	
Collection Da	ate	:01/08/2022	CRL2	:	Free-ß-hCG	14.17	ng/mL	0.38	
Scan Date		: 26/07/2022	BPD	:	NB	Present			
GA at Coll Da	ate	: 13 Weeks 3 Days	BPD2	:	NT	1.4	mm	1.02	
GA at Scan D	ate	: 12 Weeks 4 Days	HC	:	PAPP-A	4863.00	mIU/L	0.64	
Received on		:02/08/2022	HC2	:					
GA: Gestation Age CRL: Crown Rump Length BPD: Bi-parietal Diameter HC: Head Circumference free-ß-hCG: free-Beta Human Chorionic Gonadotropin									
		NT: N	Nuchal Trans	lucency PAPP-A: Pregr	nancy-associated Plasma F	Protein-A			
RISKS									
Disorder: Do	wn Syr	ndrome			Resu	ılt:	Low Risk		
Final risk:	1:100	0000	Age risk:	1:760					
Cutoff	1:250)	Risk type	Risk At Term					
Disorder: Edv	Disorder: Edwards' Syndrome Result: Low Risk								
Final risk:	1:840	000	Age risk:	1:6300					
Cutoff	1:100)	Risk type	Risk At Term					
Disorder: Pat	au Syr	ndrome			Resu	ult:	Low Risk		
Final risk:	1:180	000	Age risk:	1:9300				_	



1:100

Cutoff



Risk At Term

Risk type







Patient name: Mrs. ANKITA PRADEEP PATIL Sample ID: 2200094809

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

Intermediate

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 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 ultrasound measurements like CRL,NT,NB etc. We strongly recommend that ultrasound 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

