





To: Genesis Fetal Medicine Centre-Nanded	Sample ID	2200097467
Plot No.28, Near State Bank of India	Patient ID	1002255630
Doctor's Lane, (Ghamodiya)	Received on	02/08/2022 13:21
Nanded - 431601	Registered on	03/08/2022 16:50
Contact: 9158889993	Reported on	04/08/2022 10:29
Report Of: Mrs. SHIVALI YELAMEWAD	Referred by	DR.VAISHALI DESHMUKH
Pt. Contact:	Sonography by	DR.VAISHALI DESHMUKH

EVICOSCREEN - EVIDENCE BASED COMPREHENSIVE PRENATAL SCREENING REPORT

Patient Name: Mrs. SHIVALI YELAMEW	AD	Patient DOB: 05/09/1995		
Ethnicity: Asian	City: NANDED	Hospital ID:		

Hospital ID:

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

Sample Type:Serum

Method: Time-resolved Fluroimmunoassay

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	SK ASSESSMEI	NT			MULTIPLE O
T21 (Down syndrome)	1:1331	Low Risk	LOW	INTERMEDIATE HIGH	MEDIAN (Mo
T18 (Edwards' syndrome)	1:100000	Low Risk	LOW	HIGH	Freeß-hCG 2.0
T13 (Patau syndrome)	1:100000	Low Risk	LOW	HIGH	PAPP-A 1.0

INTERPRETATION

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

SUGGESTIONS AND OTHER FINDINGS

In view of the raised serum free βhCG, fetal growth scan is suggested at 28 - 30 weeks in addition to their routine antenatal care.

UK NEQAS

Lab Reg. No. 90968

Verified by Mr. Pradip Kadam

Incharae Biochemistry

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

of 3 Page 1

Lilac Insights Pvt. Ltd. 301-302, Building A-1, Rupa Solitaire Millennium Business Park, MIDC Industrial Area, Sector-1, Navi Mumbai, Maharashtra 400710 Phone: +91 22 41841438; Website: www.lilacinsights.com; For queries or complaints, please email: info@lilacinsights.com | CIN - U85191MH2011PTC217513







Sample ID: 2200097467

Patient name : Mrs. SHIVALI YELAMEWAD

Collection Date : 01/08/2022 CRL2 : Free-ß-hCG 59.79 ng/mL 2.08 Scan Date : 01/08/2022 BPD : NB Present Image: CRL2 . GA at Coll Date : 13 Weeks 6 Days BPD2 : NT 2.5 mm 1.43 GA at Scan Date : 13 Weeks 6 Days HC : PAPP-A 7170.00 mU/L 1.02 Received on : 02/08/2022 HC2 : : GA: Gestation Age / CRL: Crown Rump Length / BPD: Bi-parter / HC: Head Circumference / free-B-hCG: free-Beta / Luman Choristor Age / CRL Disorder: Down Survers . Result 				PREGNANCY				
Smoking : None Parity :: Height :: Weight :: 59.00 Kg FHR : Previous pregnancy history Pre-eclampsia history Other findings Down syndrome Edwards' syndrome PE in previous pregnancy Insulin dependent diabetes Patau syndrome NTD syndrome Pat. mother had PE Chronic hypertension EDD: Estimated Due Date GA: Gestation Age LMP: Last Menstrual Period FHR: Fetal Heart Rate NTD: Neural Tube Defect PE: Pre-eclampsia DOB: of Birth Sample ID : 2200097467 CRL : 80.5 mm Test Name Conc. Unit Corr. Mom Collection Date : 01/08/2022 CRL2 : Free-B-hCG 59.79 ng/mL 2.08 Scan Date : 01/08/2022 BPD : NB Present 143 GA at Coll Date : 13 Weeks 6 Days BPD2 : NT 2.5 mm 143 GA: destation Age CRL: Crown Rump Length BPD: Bi-parietal Diameter HC: Head Circumference free-B-hCG: free-B-hC	No. of fetuses	:1		EDD	:31/01/2023	Age at Tern	n :27.4	Years
FHR : Previous pregnancy history Pre-eclampsia history Other findings Down syndrome Edwards' syndrome PE in previous pregnancy Insulin dependent diabetes Patau syndrome NTD syndrome Pat. mother had PE Chronic hypertension EDD: Estimated Due Date / GA: Gestation Age / LMP: Last Menstrual Period / FHR: Fetal Heart Rate / NTD: Neural Tube Defect / PE: Pre-eclampsia / DOB: of Birth SPECIMEN DETAILS Sample ID : 2200097467 CRL : 80.5 mm Test Name Conc. Unit Corr. Mom Collection Date : 01/08/2022 CRL2 : Free-B-hCG 59.79 ng/mL 2.08 Scan Date : 01/08/2022 BPD : NB Present 1.43 GA at Coll Date : 13 Weeks 6 Days BPD2 : NT 2.5 mm 1.43 GA at Scan Date : 13 Weeks 6 Days HC : PAPP-A 7170.00 mU/L 1.02 Received on : 02/08/2022 HC 2 : GA: Gestation Age / CRL: Crown Rump Length / BPD: Bi-parietal Diameter / HC: Head Circumference / free-B-hCG: free-Beta Human Chorionic Gonadotro NT: Nuchal Translucency / PAPP-A: Pregnancy-associated Plasma Protein-A <td>GA is Based on</td> <td>: CRL 80.5mm at 0</td> <td>1/08/2022</td> <td>LMP Date</td> <td>:28/04/2022</td> <td>LMP Certai</td> <td>inty :Regu</td> <td>ılar</td>	GA is Based on	: CRL 80.5mm at 0	1/08/2022	LMP Date	:28/04/2022	LMP Certai	i nty :Regu	ılar
Previous pregnancy history Pre-eclampsia history Other findings Down syndrome Edwards' syndrome PE in previous pregnancy Insulin dependent diabetes Patau syndrome NTD syndrome Pat. mother had PE Insulin dependent diabetes EDD: Estimated Due Date / GA: Gestation Age / LMP: Last Menstrual Period / FHR: Fetal Heart Rate / NTD: Neural Tube Defect / PE: Pre-eclampsia / DOB: of Birth Sample ID : 2200097467 CRL : 80.5 mm Test Name Conc. Unit Corr. Mom Collection Date : 01/08/2022 CRL2 : NB Present 0 GA at Coll Date : 13 Weeks 6 Days BPD2 : NT 2.5 mm 1.43 GA at Scan Date : 02/08/2022 HC2 : GA: Gestation Age / CRL: Crown Rump Length / BPD: Bi-parietal Diameter / HC: Head Circumference / free-B-hCG: free-Bata Human Chorionic Gonadotro: NT: Nuchal Translucency / PAPP-A: Pregnancy-associated Plasma Protein-A Disorder: Down Syndrome Result: Low Risk	Smoking: None	Parity :		Height	:	Weight	: 59.0	0 Kg
Down syndrome Edwards' syndrome PE in previous pregnancy Insulin dependent diabetes Patau syndrome NTD syndrome Pat. mother had PE Chronic hypertension EDD: Estimated Due Date GA: Gestation Age LMP: Last Menstrual Period FHR: Fetal Heart Rate NTD: Neural Tube Defect PE: Pre-eclampsia DOB: of Birth Sample ID : 2200097467 CRL : 80.5 mm Test Name Conc. Unit Corr. Mom Collection Date : 01/08/2022 CRL2 : Free-B-hCG 59.79 ng/mL 2.08 Scan Date : 01/08/2022 BPD : NB Present 0 GA at Coll Date : 13 Weeks 6 Days BPD2 : NT 2.5 mm 1.43 GA at Scan Date : 02/08/2022 HC : PAPP-A 7170.00 mU/L 1.02 Received on : 02/08/2022 HC : GA: Gestation Age CRL: Crown Rump Length BPD: Bi-parietal Diameter HC: Head Circumference free-B-hCG: free-Beta Human Chorionic Gonadotro NT: Nuchal Translucency PAPP-A: Pregnancy-associated Plasma Protein-A Convertion of Syndrome Convertion Result: Low Risk	FHR :							
Patau syndrome NTD syndrome Pat. mother had PE Chronic hypertension EDD: Estimated Due Date GA: Gestation Age LMP: Last Menstrual Period FHR: Fetal Heart Rate NTD: Neural Tube Defect PE: Pre-eclampsia DOB: of Birth SPECIMEN DETAILS Sample ID : 2200097467 CRL : 80.5 mm Test Name Conc. Unit Corr. Mom Collection Date : 01/08/2022 CRL2 : Free-ß-hCG 59.79 ng/mL 2.08 Scan Date : 01/08/2022 BPD : NB Present Image: Conc. Image: C	Previo	us pregnancy histo	ory	Pre-ecl	ampsia history		Other fin	dings
EDD: Estimated Due Date GA: Gestation Age LMP: Last Menstrual Period FHR: Fetal Heart Rate NTD: Neural Tube Defect PE: Pre-eclampsia DDB: ofBirth SPECIMEN DETAILS Sample ID : 2200097467 CRL : 80.5 mm Test Name Conc. Unit Corr. Mom Collection Date : 01/08/2022 CRL : 80.5 mm Test Name Conc. Unit Corr. Mom Galaction Date : 01/08/2022 CRL2 : Free-8-hCG 59.79 ng/mL 2.08 Scan Date : 01/08/2022 BPD : NB Present Operation Corr. Mom GA at Coll Date : 13 Weeks 6 Days BPD2 NT 2.5 mm 1.43 GA at Scan Date : 13 Weeks 6 Days HC : PAPP-A 717000 mU/L 1.02 Received on : 02/08/2022 HC2 : Image: Critic Crown Rump Length BPD: Bi-parietal Diameter HC: Head Circumference free-8-hCG: free-Beta Human Chorionic Gonadotrow NT: Nuchal Translucency PAPP-A: Pregnancy-associated Plasma Protein-A ISISKS Disorder: Result: Low Risk Cow Risk	Down syndro	ome 🗌 Edwards's	syndrome	PE in prev	vious pregnancy	Insu	lin depende	ent diabetes
of Birth SPECIMEN DETAILS Sample ID : 2200097467 CRL : 80.5 mm Test Name Conc. Unit Corr. Mom Collection Date : 01/08/2022 CRL2 : Free-B-hCG 59.79 ng/mL 2.08 Scan Date : 01/08/2022 BPD NB Present Conc. Unit Corr. Mom GA at Coll Date : 13 Weeks 6 Days BPD2 : NB Present 143 GA at Scan Date : 13 Weeks 6 Days HC : PAPP-A 7170.00 mU/L 1.02 Received on : 02/08/2022 HC2 : E E E ISGA: Gestation Age / CRL: Crown Rump Length / BPD: Bi-parietal Diameter / HC: Head Circumference / free-B-hCG: free-Beta Human Chorionic Gonadotro NT: Nuchal Translucency / PAPP-A: Pregnancy-associated Plasma Preter-A ISISKS Disorder: Down Syntrome Result: Low Risk ©	Patau syndro	me 🔲 NTD syndi	rome	Pat. moth	ier had PE	Chro	onic hyperte	ension
SPECIMEN DETAILS Sample ID : 2200097467 CRL : 80.5 mm Test Name Conc. Unit Corr. Mom Collection Date : 01/08/2022 CRL2 : Free-ß-hCG 59.79 ng/mL 2.08 Scan Date : 01/08/2022 BPD : NB Present 0 0 GA at Coll Date : 13 Weeks 6 Days BPD2 : NT 2.5 mm 1.43 GA at Scan Date : 13 Weeks 6 Days HC : PAPP-A 7170.00 mU/L 1.02 Received on : 02/08/2022 HC2 : GA: Gestation Age CRL: Crown Rump Length BPD: Bi-parietal Diameter HC: Head Circumference free-B-hCG: free-Beta Human Chorionic Gonadotroe NT: Nuchal Translucency PAPP-A: Pregnancy-associated Plasma Protein-A Disorder: Down Syndrome Result Low Risk	EDD: Estimated Due	Date GA: Gestation Age	/LMP: Last Me	enstrual Period FHR	: Fetal Heart Rate NTD: N	leural Tube Defe	ect PE: Pre-e	clampsia DOB: Date
Sample ID: 2200097467CRL: 80.5 mmTest NameConc.UnitCorr. MomCollection Date: 01/08/2022CRL2:Free-ß-hCG59.79ng/mL2.08Scan Date: 01/08/2022BPD:NBPresent10100GA at Coll Date: 13 Weeks 6 DaysBPD2:NT2.5mm1.43GA at Scan Date: 13 Weeks 6 DaysHC:PAPP-A7170.00mU/L1.02Received on: 02/08/2022HC2::GA: Gestation Age / CRL: Crown Rump Length / BPD: Bi-parietal Diameter / HC: Head Circumference / free-B-hCG: free-Beta Human Chorionic Gonadotro NT: Nuchal Translucency / PAPP-A: Pregnancy-associated Plasma Protein-ADisorder: Down SyntromeResultLow Risk ()				ofBirt	h			
Collection Date: 01/08/2022CRL2:Free-ß-hCG59.79ng/mL2.08Scan Date: 01/08/2022BPD:NBPresentIII <td></td> <td></td> <td></td> <td>SPECIMEN</td> <td>DETAILS</td> <td></td> <td></td> <td></td>				SPECIMEN	DETAILS			
Scan Date : 01/08/2022 BPD : NB Present Image: Construction of the construction of th	Sample ID	: 2200097467	CRL	: 80.5 mm	Test Name	Conc.	Unit	Corr. Mom
GA at Coll Date : 13 Weeks 6 Days BPD2 : NT 2.5 mm 1.43 GA at Scan Date : 13 Weeks 6 Days HC : PAPP-A 7170.00 mU/L 1.02 Received on : 02/08/2022 HC2 : - <	Collection Date	:01/08/2022	CRL2	:	Free-ß-hCG	59.79	ng/mL	2.08
GA at Scan Date : 13 Weeks 6 Days HC : PAPP-A 7170.00 mU/L 1.02 Received on : 02/08/2022 HC2 : : France Image: Comparison of the com	Scan Date	:01/08/2022	BPD	:	NB	Present		
GA at Scall Date 1.13 Weeks of Days HC 1. Received on : 02/08/2022 HC2 : GA: Gestation Age CRL: Crown Rump Length BPD: Bi-parietal Diameter HC: Head Circumference free-B-hCG: free-Beta Human Chorionic Gonadotron NT: Nuchal Translucency PAPP-A: Pregnancy-associated Plasma Protein-A RISKS Disorder: Down Syndrome Result: Low Risk	GA at Coll Date	: 13 Weeks 6 Days	BPD2	:	NT	2.5	mm	1.43
GA: Gestation Age CRL: Crown Rump Length BPD: Bi-parietal Diameter HC: Head Circumference free-B-hCG: free-Beta Human Chorionic Gonadotro NT: Nuchal Translucency PAPP-A: Pregnancy-associated Plasma Protein-A RISKS Disorder: Down Syndrome Result: Low Risk	GA at Scan Date				BABB 4	7470.00	11/1	
NT: Nuchal Translucency PAPP-A: Pregnancy-associated Plasma Protein-A RISKS Disorder: Down Syndrome Result: Low Risk	SA at Scall Date	: 13 Weeks 6 Days	HC	:	РАРР-А	/1/0.00	mU/L	1.02
RISKS Disorder: Down Syndrome Result: Low Risk		,		:	ΡΑΡΡ-Α	/1/0.00	mU/L	1.02
Disorder: Down Syndrome Result: Low Risk	Received on	: 02/08/2022 CRL: Crown Rump Length	HC2 BPD: Bi-pari	ietal Diameter HC: F	lead Circumference free-f.	3-hCG: free-Beta		
	Received on	: 02/08/2022 CRL: Crown Rump Length	HC2 BPD: Bi-pari	: ietal Diameter HC: F icency PAPP-A: Preg	lead Circumference free-l. nancy-associated Plasma F	3-hCG: free-Beta		
Final risk: 1:1331 Age risk: 1:121/	Received on GA: Gestation Age	: 02/08/2022 CRL: Crown Rump Length NT: 1	HC2 BPD: Bi-pari	: ietal Diameter HC: F icency PAPP-A: Preg	lead Circumference free-l nancy-associated Plasma P S	3-hCG: free-Beta Protein-A	Human Chor	rionic Gonadotropin
	Received on GA: Gestation Age Disorder: Down Sy	: 02/08/2022 CRL: Crown Rump Length NT: N	HC2 BPD: Bi-pari Nuchal Translu	ietal Diameter HC: H icency PAPP-A: Preg RISK	lead Circumference free-l nancy-associated Plasma P S	3-hCG: free-Beta Protein-A	Human Chor	rionic Gonadotropin
Cutoff 1:250 Risk type Risk At Ierm	Received on GA: Gestation Age / Disorder: Down Sy Final risk: 1:13	: 02/08/2022 CRL: Crown Rump Length NT: N yndrome	HC2 BPD: Bi-pari Nuchal Translu Age risk:	ietal Diameter HC: F icency PAPP-A: Preg RISK 1:1217	lead Circumference free-l nancy-associated Plasma P S	3-hCG: free-Beta Protein-A	Human Chor	rionic Gonadotropin
Disorder: Edwards' Syndrome Result: Low Risk	Received on GA: Gestation Age Disorder: Down Sy	: 02/08/2022 CRL: Crown Rump Length NT: N yndrome	HC2 BPD: Bi-pari Nuchal Translu	ietal Diameter HC: H icency PAPP-A: Preg RISK	lead Circumference free-l nancy-associated Plasma P S	3-hCG: free-Beta Protein-A	Human Chor	rionic Gonadotropin
Final risk: 1:100000 Age risk: 1:10950	Received on GA: Gestation Age / Disorder: Down Sy Final risk: 1:13 Cutoff 1:25	: 02/08/2022 CRL: Crown Rump Length NT: N yndrome 331 50	HC2 BPD: Bi-pari Nuchal Translu Age risk:	ietal Diameter HC: F icency PAPP-A: Preg RISK 1:1217	lead Circumference free-k nancy-associated Plasma F S Resu	3-hCG: free-Beta Protein-A	Human Chor	rionic Gonadotropin
Cutoff 1:100 Risk type Risk At Term	Received on GA: Gestation Age / Disorder: Down Sy Final risk: 1:13 Cutoff 1:25 Disorder: Edwards	: 02/08/2022 CRL: Crown Rump Length NT: 1 yndrome 331 50 s' Syndrome	HC2 / BPD: Bi-pari Nuchal Translu Age risk: Risk type Age risk:	ietal Diameter HC: F icency PAPP-A: Preg RISK 1:1217 Risk At Term	lead Circumference free-k nancy-associated Plasma F S Resu	3-hCG: free-Beta Protein-A	Human Chor	rionic Gonadotropin
Disorder: Patau Syndrome Result: Low Risk	Received on GA: Gestation Age / Disorder: Down Sy Final risk: 1:13 Cutoff 1:25 Disorder: Edwards Final risk: 1:10	: 02/08/2022 CRL: Crown Rump Length NT: N yndrome 331 50 5' Syndrome 90000	HC2 BPD: Bi-pari Nuchal Translu Age risk: Risk type	ietal Diameter HC: F icency PAPP-A: Preg RISK 1:1217 Risk At Term 1:10950	lead Circumference free-k nancy-associated Plasma F S Resu	3-hCG: free-Beta Protein-A	Human Chor	rionic Gonadotropin
Final risk: 1:100000 Age risk: 1:32885	Received on GA: Gestation Age / 1 Disorder: Down Sy Final risk: 1:13 Cutoff 1:25 Disorder: Edwards Final risk: 1:10 Cutoff 1:10	: 02/08/2022 CRL: Crown Rump Length NT: N yndrome 331 30 5' Syndrome 90000 90	HC2 / BPD: Bi-pari Nuchal Translu Age risk: Risk type Age risk:	ietal Diameter HC: F icency PAPP-A: Preg RISK 1:1217 Risk At Term 1:10950	lead Circumference free-l. nancy-associated Plasma P S Resu Resu	3-hCG: free-Beta Protein-A Jlt: Jlt:	Human Chor Low Risl	rionic Gonadotropin
Cutoff 1:100 Risk type Risk At Term	Received on GA: Gestation Age / 1 Disorder: Down Sy Final risk: 1:13 Cutoff 1:25 Disorder: Edwards Final risk: 1:10 Cutoff 1:10 Cutoff 1:10	: 02/08/2022 CRL: Crown Rump Length NT: N yndrome 331 50 5' Syndrome 100000 10 yndrome	HC2 / BPD: Bi-pari Nuchal Translu Age risk: Risk type Age risk: Risk type	ietal Diameter HC: F icency PAPP-A: Preg RISK 1:1217 Risk At Term 1:10950 Risk At Term	lead Circumference free-l. nancy-associated Plasma P S Resu Resu	3-hCG: free-Beta Protein-A Jlt: Jlt:	Human Chor Low Risl	rionic Gonadotropin









Page 2 of 3

Lilac Insights Pvt. Ltd. 301-302, Building A-1, Rupa Solitaire Millennium Business Park, MIDC Industrial Area, Sector-1, Navi Mumbai, Maharashtra 400710. Phone: +91 22 41841438; Website: www.lilacinsights.com; For queries or complaints, please email: info@lilacinsights.com | CIN - U85191MH2011PTC217513







Sample ID: 2200097467

Patient name : Mrs. SHIVALI YELAMEWAD

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

Intermediat

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:

- 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



Page 3

of 3