





To: Neerja Hospital Pvt.Ltd-Sikar

E-2.Basant Vihar

Rajasthan

Sikar - 332001

Contact: 9610662020

Report Of: Mrs. SAVITRI W/O RAM KARAN

Pt. Contact: 9001170155

Sample ID 2260008529

Patient ID 160222893

Received on 03/08/2022 17:40

Registered on 03/08/2022 18:41

Reported on 04/08/2022 11:31

Referred by DR.NEERJA

Sonography by DR.YEMIKA DHAYAL

EVICOSCREEN - EVIDENCE BASED COMPREHENSIVE PRENATAL SCREENING REPORT

Patient Name: Mrs. SAVITRI W/O	RAM KARAN	Patient DOB: 16/07/1975
Ethnicity: Asian	City: SIKAR	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

- 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									
T21 (Down syndrome)	1:3697	Lo	w Risk	1: 9447 Z 1: 10218		Low Risk			
T18 (Edwards' syndrome)	1:2478	Lo	w Risk			Low Risk			
T13 (Patau syndrome)	1:67189	Low Risk		1: 100000		Low Risk			
MULTIPLE OF MEDIAN (MoM)		Free ß-hCG	5.50		PAPP-A	1.87			

INTERPRETATION

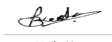
The First Trimester Screening for the given sample is found SCREEN NEGATIVE.

SUGGESTIONS AND OTHER FINDINGS

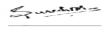
In view of the raised serum free β hCG, fetal growth scan is suggested at 28 - 30 weeks in addition to their routine antenatal care.







Verified by
Mr. Pradip Kadam
Incharge Biochemistry



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

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Patient name : Mrs. SAVITRI W/O RAM KARAN

PREGNANCY DETAILS

Sample ID : 2260008529

No. of fetuses	:2DCI	DA	E	OD :	: 11/02/2023	Age at Term	: 30.7	Years	
GA is Based o	Based on : Ass. rep.		LN	MP Date	: 10/05/2022	LMP Certain	nty :Regu	lar	
Smoking: Nor	ne P	arity :	He	eight	:	Weight	: 78.0	O Kg	
FHR :									
Previous pregnancy history Pre-eclampsia history Other findings									
Down sy	ndrome	Edwards' synd	drome	PE in previ	ous pregnancy	Insulii	n depende	nt diabetes	
Patau syndrome NTD syndrome Pat. mother had PE Chronic hypertension									
Assisted Reproduction: Donor egg Transfer Date: 24/05/2022 Age at Extraction: 30 yrs Donor DOB: 01/01/1992									
	erm is calculate								
EDD: Estimated	l Due Date GA: C	Gestation Age LM	IP: Last Menstro	ual Period FHR: of Birth	Fetal Heart Rate NTD:	: Neural Tube Defec	t PE: Pre-e	clampsia DOB: Date	
			9	SPECIMEN D	ETAILS				
Sample ID	: 226000	08529	CRL : 74.3	3 mm	Test Name	Conc.	Unit	Corr. Mom	
Collection Da	te :02/08/2	2022	CRL2 : 63.6	6 mm	Free-ß-hCG	392.80	ng/mL	5.50	
Scan Date	:02/08/2	2022	BPD :		NB	Present			
GA at Coll Da	te : 12 Wee	eks 3 Days BPD2 :			NB 2	Present			
GA at Scan Da	ate : 12 Wee	eks 3 Days	HC :		NT	0.8	mm	0.46	
Received on	:03/08/2	2022	HC2 :		NT2	1	mm	0.62	
				PAPP-A	8821.00 mIU/L 1.87		1.87		
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									
RISKS									
Disorder: Dov	wn Syndrome					Result:		Result:	
Tν	vin 1	Twir	n 2			Twin 1		Twin 2	
Final risk:	1:3697	Final risk:	1:9447	Age risk:	1:737	Low Risk	Low F	risk	
Cutoff:	1:250	Cutoff:	1:250	Risk type:	Risk At Term				
Disorder: Edwards' Syndrome						Result: Result:		Result:	
Tν	vin 1	Twir	n 2			Twin 1		Twin 2	
Final risk:	1:2478	Final risk:	1:10218	Age risk:	1:3980	Low Risk	_ Low R	lisk 🛑	
Cutoff:	1:100	Cutoff:	1:100	Risk type:	Risk At Term				
Disorder: Patau Syndrome						Result:		Result:	
Tw	vin 1	Twir	n 2			Twin 1		Twin 2	
Final risk:	1:67189	Final risk:	1:100000	Age risk:	1:11949	Low Risk	_ Low R	tisk	
Cutoff:	1:100	Cutoff:	1:100	Risk type:	Risk At Term			_	











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Patient name: Mrs. SAVITRI W/O RAM KARAN Sample ID: 2260008529

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 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

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