





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

Ground Floor Mohak Chambers 2,

Near Rane Talay, Manyelpada,

Talav, Manvelpada, Virar East, Palghar

Maharashtra

Virar - 401305

Contact: 8830521446

Report Of: Mrs. BHUMIKA BHUPENDRA

MANJREKAR

Pt. Contact: 8097431471



Sample ID	2300110873
Patient ID	1002351204
Received on	09/07/2023 00:54
Registered on	09/07/2023 15:49
Reported on	11/07/2023 09:51
Referred by	DR.SUNITA R.MORE
Sonography by	DR.RASHIDA LABHIWALA

Patient DOB: 30/10/1990

EVICOSCREEN - EVIDENCE BASED COMPREHENSIVE PRENATAL SCREENING REPORT

Patient Name: Mrs. BHUMIKA BHUPENDRA MANJREKAR

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 probality 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 7 lac+ pregnancies for different gestation ages
- Risk calculations from evidence based algorithms validated through large international studies

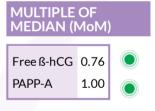
UKNEQAS: United Kingdom National External Quality Assessment Service

RIQAS: Randox International Quality Assessment Scheme



The Risk Assessment Performed Using
CE-Marked Antenatal Risk Evaluation Software
Certified by the British Standards Institute
(BSI)- ISO 13485:2016

RI				
T21 (Down syndrome)	1: 27000	Low Risk	LOW	INTERMEDIATE HIGH
T18 (Edwards' syndrome)	1: 100000	Low Risk	LOW	HIGH
T13 (Patau syndrome)	1:46000	Low Risk	LOW	HIGH

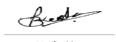


INTERPRETATION

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

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Patient name: Mrs. BHUMIKA BHUPENDRA MANJREKAR Sample ID: 2300110873

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

Method:Electroch	emiluminescence									
		PREGNANCY	/ DETAILS							
No. of fetuses	:1	EDD	: 14/01/2024	Age at Tern	n :33.2`	Years				
GA is Based on	: Ass. rep.	LMP Date	:06/04/2023	LMP Certai	i nty : Regul	lar				
Smoking: None	Parity :	Height	:	Weight	: 51.70) Kg				
Ethinicity:Asian	FHR :									
Previo	us pregnancy history	Pre-ecl	ampsia history		Other find	dings				
Down syndro	me Edwards' syndrome	PE in pre	PE in previous pregnancy Insulin depende			nt diabetes				
Patau syndroi			ner had PE		nic hyperte					
Assisted Reproduction: IVF Transfer Date: 27/04/2023 Age at Extraction: 33 yrs										
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										
		SPECIMEN	DETAILS							
Sample ID	:2300110873 CRL	: 67 mm	Test Name	Conc.	Unit	Corr. Mom				
Collection Date	:08/07/2023 CRL2	:	Free-ß-hCG	32.76	ng/mL	0.76				
Scan Date	:08/07/2023 BPD	:	NB	Present						
GA at Coll Date	: 12 Weeks 6 Days BPD2	:	NT	1.1	mm	0.74				
GA at Scan Date	: 12 Weeks 6 Days HC	:	PAPP-A	5475.00	mIU/L	1.00				
Received on	:09/07/2023 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 Sy	ndrome		Resu	ılt:	Low Risk					
Final risk: 1:27	000 Age risk:	1:610								
Cutoff 1:25	0 Risk type	Risk At Term								
Disorder: Edwards	' Syndrome		Resu	ılt:	Low Risk	•				



Final risk:

Final risk:

Cutoff

Cutoff



1:100000

1:100

1:46000

1:100

Disorder: Patau Syndrome



Age risk:

Risk type

Age risk:

Risk type

1:5500

1:7900

Risk At Term

Risk At Term





Low Risk

Result:







Patient name: Mrs. BHUMIKA BHUPENDRA MANJREKAR Sample ID: 2300110873

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:

- 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.
- Each sample received at Lilac Insights' processing centre is handled with the utmost sensitivity and care. All samples received on Sundays and National holidays are stored as per specific guidelines for the respective specimens and processed on the next day.

END OF REPORT





