Lilac Insights™ passion • commitment • genetics

EVICScreen™ Evidence Based Comprehensive Screening

EVICQUAD Quadruple Marker Screening

To: **Dr.Aashi Priyamvada-Lucknow**
Uttar Pradesh
Lucknow - 208001
Contact:
Report Of: Mrs. NIDA HASAN MOHAMMAD HARIS
Pt. Contact: 7497908001

Sample ID	2300165009
Patient ID	160237823
Received on	09/10/2023 17:37
Registered on	09/10/2023 19:10
Reported on	-
Referred by	**Dr. AASHI**
Sonography by	**Dr. AASHI PRIYAMUADA**

Understand Your Report In Detail

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EVICOSCREEN - EVIDENCE BASED COMPREHENSIVE PRENATAL SCREENING REPORT

Patient Name: Mrs. NIDA HASAN MOHAMMAD HARIS **Patient DOB: 25/12/1997**

EVICScreen™ 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

ASSURED QUALITY ASSURED

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

RISK ASSESSMENT

T21 (Down syndrome)	**1: 340**	Low Risk	LOW HIGH
T18 (Edwards' syndrome)	**1: 100000**	Low Risk	LOW HIGH
Neural tube/ Abdominal wall defect	-	High Risk	LOW HIGH

MULTIPLE OF MEDIAN (MoM)

Free ß-hCG	8.20
AFP	3.31
uE3	0.89
Inhibin-A	5.68

INTERPRETATION

The Quadruple Screening for the given sample is found **SCREEN POSITIVE for Neural Tube/Abdominal wall Defect.**

SUGGESTIONS AND OTHER FINDINGS

- Detailed anomaly scan to assess for fetal abnormalities especially that of the spine, anterior abdominal wall and kidneys.
- In the absence of any fetal anomalies, suggest serial growth scans from 26 weeks onwards.

In view of free bHCG MoMs observed in the mother, kindly consider correlation with fetal growth and well being scan at 28 - 30 weeks.
In view of Inhibin-A MoMs observed in the mother, please correlate clinically with ultrasound findings.

UK NEQAS International Quality Expertise Lab Reg. No. 90968

Verified by
Mr. Pradip Kadam
Incharge Biochemistry

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

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

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EVICQUAD Quadruple Marker Screening

Patient name : Mrs. NIDA HASAN MOHAMMAD HARIS **Sample ID** : 2300165009

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

Method: Chemiluminescence

PREGNANCY DETAILS

No. of fetuses	: 1	**EDD**	: 05/03/2024	**Age at Term**	: 26.1 Years
GA is Based on	: HC 143.9mm at 01/10/2023	**LMP Date**	: 14/05/2023	**LMP Certainty**	: Irregular
Smoking	: None	**Parity**	:	**Height**	:	**Weight**	: 60.00 Kg
Ethinicity	:Asian	**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: Date of Birth

SPECIMEN DETAILS

Sample ID	: 2300165009	**CRL**	:
Collection Date	: 04/10/2023	**CRL2**	:
Scan Date	: 01/10/2023	**BPD**	: 39.5 mm
GA at Coll Date	: 18 Weeks 1 Days	**BPD2**	:
GA at Scan Date	: 17 Weeks 5 Days	**HC**	: 143.9 mm
Received on	: 09/10/2023	**HC2**	:

Test Name	Conc.	Unit	Corr. Mom
Free-ß-hCG	81.25	ng/mL	8.20
AFP	156.36	ng/mL	3.31
uE3	04.27	nmol/L	0.89
Inhibin A	1109.22	pg/mL	5.68

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: Down Syndrome **Result:** Low Risk

Final risk: 1:340 Age risk: 1:1300

Cutoff 1:250 Risk type Risk At Term

Disorder: Edwards' Syndrome **Result:** Low Risk

Final risk: 1:100000 Age risk: 1:8500

Cutoff 1:100 Risk type Risk At Term

Neural tube / Abdominal wall defect **Result:** High Risk

Final risk: - Age risk:

Cutoff 2.5 Risk type Risk at Term

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Verified by **Mr. Pradip Kadam** Incharge Biochemistry

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

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Patient name : Mrs. NIDA HASAN MOHAMMAD HARIS **Sample ID** : 2300165009

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.

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's Syndrome & ONTD screening program (Biochemical values, MoMs and Risk assessments) 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 Ultra sound measurements.
- This is a risk estimation test and not a diagnostic test . An increased risk result does not mean that the fetus is affected and a low risk result does not mean that the fetus is unaffected. Reported risks should be correlated and adjusted according to the absence/presence of sonographic markers observed in the anomaly/malformation scan.
- The above risk has been calculated based on Biochemistry values alone.
- 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

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