





To: Himagiri Hospital-Hyderabad Plot No.4, 5,23 & 24,Old Mumbai Hwy,Indira Nagar, Gachibowli, Telangana Hvderabad - 500032 Contact: Report Of: Mrs. SHRUTI Pt. Contact: 8130335045 Sample ID 2270008157 Patient ID 1002255700 Received on 02/08/2022 12:11 Registered on 03/08/2022 18:01 04/08/2022 10:16 Reported on Referred by **DR.SWITHI REDDY** DR.LAVANYA G Sonography by

EVICOSCREEN - EVIDENCE BASED COMPREHENSIVE PRENATAL SCREENING REPORT

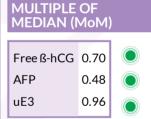
Patient Name: Mrs. SHRUTI		Patient DOB: 11/08/1989
Ethnicity: Asian	City: HYDERABAD	Hospital ID:
Sample Type: Serum		Risk assessment: Algorithm validated by SURUSS 2003 N. I.Wald

Method:Chemiluminescence

EVIC✓ Screen* is an evidence based prenatal screening program curated by Lilac Insights in accordance with the international guidelines for prenatal 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 ASSESSME	NT		
T21 (Down syndrome)	1:580	Low Risk	LOW	HIGH
T18 (Edwards' syndrome)	1: 30000	Low Risk	LOW	HIGH
Neural tube/ Abdominal wall defect	-	Low Risk	LOW	HIGH

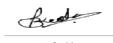


INTERPRETATION

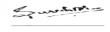
The Triple Marker Screening for the given sample is found **SCREEN NEGATIVE**.







Verified by Mr. Pradip Kadam Incharge Biochemistry



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

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Patient name: Mrs. SHRUTI Sample ID: 2270008157

PREGNANCY DETAILS											
No. of fetuse	es	:1		EDD	:01/01/2023	Age at Te	erm : 33.0	3 Years			
GA is Based	on	: HC 109mm at 09	9/07/2022	LMP Date	:02/04/2022	LMP Certainty : Regular					
Smoking: No	Smoking: None Parity:		Height	:	Weight	Weight : 58.00 Kg					
FHR:											
Previous pregnancy history			Pre-ecl	Other findings							
Down syndrome Edwards' syndrome		PE in pre	PE in previous pregnancy		Insulin dependent diabetes						
Patau syndrome NTD syndrome		Pat. moth	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		:2270008157	CRL	:	Test Name	Conc.	Unit	Corr. Mom			
Collection D	ate	:01/08/2022	CRL2	:	Free-ß-hCG	7.16	ng/mL	0.70			
Scan Date		:09/07/2022	BPD	:	AFP	23.15	ng/mL	0.48			
GA at Coll D	ate	: 18 Weeks 1 Days	BPD2	:	uE3	5.24	nmol/L	0.96			
GA at Scan D	Date	: 14 Weeks 6 Days	НС	: 109 mm							
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: Nuchal Translucency PAPP-A: Pregnancy-associated Plasma Protein-A											
				RISK							
Disorder: Do	own Syn	drome			Res	ult:	Low Ris	sk 🛑			
Final risk:	1:580		Age risk:	1:590							
Cutoff	1:250		Risk type	Risk At Term							
Disorder: Edwards' Syndrome					Res	ult:	Low Ris	sk 🌑			
Final risk:	1:300	00	Age risk:	1:5300							
Cutoff	1:100		Risk type	Risk At Term							
Neural tube / Abdominal wall defect Result: Low Risk											
Final risk:	-		Age risk:								
Cutoff	2.5		Risk type	Risk at Term							

















Patient name: Mrs. SHRUTI Sample ID: 2270008157

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
- 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.

END OF REPORT

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