

To: **Indira IVF Hospital Pvt.Ltd-Bikaner**
Medical College Circle,
3rd & 4th Floor,C-35,Near Sadul Gang
Rajasthan
Bikaner - 334001
Contact:
Report Of: Mrs. PARMINDER W/O INDRAPAL
Pt. Contact: 9929042500



Sample ID 2300008125
Patient ID 10022139303
Received on 18/02/2023 12:29
Registered on 21/02/2023 16:11
Reported on 21/02/2023 20:20
Referred by **DR.SHAVETA AGGARWAL**
Sonography by **DR.NAMRATA JAGAWAT**

EVICOSCREEN - EVIDENCE BASED COMPREHENSIVE PRENATAL SCREENING REPORT

Patient Name: Mrs. PARMINDER W/O INDRAPAL Patient DOB: 25/08/1987
Ethnicity: Asian City: BIKANER Hospital ID: BKR0000850

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 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)

RISK ASSESSMENT

T21 (Down syndrome)	1: 2647	● Low Risk	
T18 (Edwards' syndrome)	1: 19591	● Low Risk	
T13 (Patau syndrome)	1: 52330	● Low Risk	

MULTIPLE OF MEDIAN (MoM)

Free β-hCG	0.92	●
PAPP-A	2.15	●

INTERPRETATION

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

SUGGESTIONS AND OTHER FINDINGS

The risk assessment is based on serology, this is a pregnancy specific and not fetus specific risk. In combination with NT, the risks are T21 1:17484, T18 1:14575, T13 1:91286 for fetus 1 and T 21 1:38818, T18 1:80143, T13 1:100000 for fetus 2. Clinical decisions should not be taken considering the above risk assessment results in isolation and ultrasound markers should be evaluated. Serology based screening in twin pregnancy offers low sensitivity.



Pradip Kadam

Verified by
Mr. Pradip Kadam
Incharge Biochemistry

Suresh Bhanushali

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



Patient name : Mrs. PARMINDER W/O INDRAPAL

Sample ID : 2300008125

PREGNANCY DETAILS

No. of fetuses : 2 DCDA EDD : 28/08/2023 Age at Term : 24.7 Years
 GA is Based on : Ass. rep. LMP Date : LMP Certainty : Unknown
 Smoking : None Parity : Height : Weight : 49.30 Kg
 FHR :

Previous pregnancy history

Down syndrome Edwards' syndrome
 Patau syndrome NTD syndrome

Pre-eclampsia history

PE in previous pregnancy
 Pat. mother had PE

Other findings

Insulin dependent diabetes
 Chronic hypertension

Assisted Reproduction : Donor egg Transfer Date : 08/12/2022 Age at Extraction : 24 yrs Donor DOB : 15/06/1998

Note! Age at term is calculated from the Donor DOB

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	: 2300008125	CRL	: 67 mm	Test Name	Conc.	Unit	Corr. Mom
Collection Date	: 15/02/2023	CRL2	: 65 mm	Free-β-hCG	87.06	ng/mL	0.92
Scan Date	: 15/02/2023	BPD	:	PAPP-A	15609.00	mIU/L	2.15
GA at Coll Date	: 12 Weeks 2 Days	BPD2	:				
GA at Scan Date	: 12 Weeks 2 Days	HC	:				
Received on	: 18/02/2023	HC2	:				

GA: Gestation Age | CRL: Crown Rump Length | BPD: Bi-parietal Diameter | HC: Head Circumference | free-β-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: 1:2647 Age risk: 1:1161		
Cutoff 1:250 Risk type Risk At Term		
Disorder: Edwards' Syndrome	Result:	Low Risk ●
Final risk: 1:19591 Age risk: 1:6269		
Cutoff 1:100 Risk type Risk At Term		
Disorder: Patau Syndrome	Result:	Low Risk ●
Final risk: 1:52330 Age risk: 1:18831		
Cutoff 1:100 Risk type Risk At Term		

Patient name : Mrs. PARMINDER W/O INDRAPAL

Sample ID : 2300008125

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.
- 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.
- 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 not affected. Reported risks should be correlated and adjusted according to the absence/presence of sonographic markers and findings/results.**

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END OF REPORT