





To: Dandekar Clinic

Agri Samaj Mandir Road, Old Panvel Panvel Navi Mumbai - 410206

Maharashtra

Contact: 022-27452194

Report Of: APARNA AMIT PATIL

Pt. Contact: 8454060799



Sample ID	L1190024863
Patient ID	L1190246491
Received on	11-03-2019 18:48
Registered on	11-03-2019 18:48
Reported on	12-03-2019 15:49
Referred by	Dr. Kanchan Divekar
Sonography by	

EVICOSCREEN - EVIDENCE BASED COMPREHENSIVE PRENATAL SCREENING REPORT

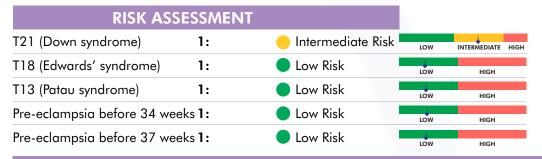
Patient Name:		Patient DOB:	Patient DOB:	
Etlaniait.	C:t	Hamital ID.		
Ethnicity:	City:	Hospital ID:		

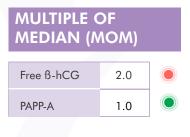
Sample Type: Serum Risk Assessment: Risk Assessment software accredited by Fetal Medicine

Method: Time-resolved Fluroimmunoassay Foundation (UK)

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)





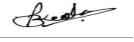
INTERPRETATION

SUGGESTIONS AND OTHER FINDINGS









Verified by

Mr. Pradip Kadam
Incharge Biochemistry



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







P	PREGNANCY DETAIL	S
No. of Fetuses : 1 GA is Based on : CRL 64.9 mm on 11-03-2019 Smoking: None Parity: Nulliparous FHR:	EDD : 17-09-2019 LMP Date: 17-11-2018 Height : 160 cm	Age at Term : 27 Years LMP Certainty: Irregular Cycle Weight : 50.70 kg
Previous pregnancy history Down syndrome Edwards' syndrome Patau syndrome NTD syndrome	Pre-eclampsia PE in previous Pat. mother ha	pregnancy Insulin dependent diabetes
Assisted Reproduction: Donor Egg Transfer Da Note! Age at term is calculated from the Donor D EDD: Estimated Due Date GA: Gestation Age LMP: Last Menstre	ООВ	Donor DOB: 17-11-2018 NTD: Neural Tube Defect PE: Pre-eclampsia DOB: Date of Birth

SPECIMEN DETAILS

Sample ID: : Li190024863 CRL : 64.9 mm Corr. MoM **Test Name** Unit Conc. **Collection Date** : 11-03-2019 CRL2: 64.9 mm free-ß-hCG 66.68 ng/mL 1.74 NT 1.2 0.74 Scan Date : 11-03-2019 **BPD**: 64.9 mm mm PAPP-A 8710.00 mU/L 1.85 **GA at Coll Date** : 12 Weeks 6 Days **BPD2**: 64.9 mm MAP 94.00 1.07 mmhg **GA** at Scan Date : 12 Weeks 6 Days : 164.90 mm **UTPI** 1.07 0.61 Received on : 11-03-2019 **HC2**: 164.90 mm

GA: Gestation Age | CRL: Crown Rump Length | BPD: Bi-parietal Diameter | HC: Head Circumference | free-B-hCG: free-Beta Human Chorionic Gonadotropin NT: Nuchal Translucency | PAPP-A: Pregnancy-associated Plasma Protein-A | MAP: Mean Arterial Pressure | UTPI: Uterine Artery Pulsatility Index

		RISKS			
Disorder: Do	wn Syndrome			Result:	Low Risk
Final risk:	1:24365	Age risk:	1:1226		
Cutoff:	1:250	Risk type:	Risk At Term		
Disorder: Edwards' Syndrome			Result:	Low Risk	
Final risk:	1:100000	Age risk:	1:11028		
Cutoff:	1:100	Risk type:	Risk At Term		
Disorder: Pat	tau Syndrome			Result:	Low Risk
Final risk:	1:100000	Age risk:	1:11028		
Cutoff:	1:100	Risk type:	Risk At Term		
Disorder: PE <34 weeks				Result:	Low Risk
Final risk:	1:100000	Age risk:	1:11028		
Cutoff:	1:100	Risk type:	Risk At Term		
Disorder: PE	<37 weeks			Result:	Low Risk
Final risk:	1:100000	Age risk:	1:11028		
Cutoff:	1:100	Risk type:	Risk At Term		













PRENATAL SCREENING BACKGROUND

- Every pregnant woman carry a certain degree of risk that her fetus/baby may have certain chromosomal defect/ abnormalities. Diagnosis
 of these fetal chromosomal abnormalities requires confirmatory testing by thorough analysis post amniocentesis or Chorionic Villous
 Sampling (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 personalized 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 AND THEY PROVIDE RISK ASSESSMENT RESULT AS

High Risk

High risk or screen positive report- which does not mean that the pregnancy is affected with these conditions. It means that you have a higher chance of having a baby with one of these conditions as compared to the chances of miscarriage that you have, if you opt for an invasive procedure.

Low Risk

Low risk or screen negative report- which does not mean that the pregnancy is not affected with these conditions. It means that you have a lower chance of having a baby with one of these conditions as compared to the chances of miscarriage that you have, if you opt for an invasive procedure.

Intermediate

Intermediate risk report- which means that due to some parameters, the pregnancy can not be identified as a clear low risk or high risk for having either of the most common chromosomal aneuploidies. Further tests like Non-Invasive Prenatal Screening (InsighT/ InsighT-Adv/ InsighT Plus) or Integrated quadruple screening (done in second trimester) or invasive procedure (like amniocentesis or CVS) followed by definitive tests is recommended.

Based on a comparison of two risks (i.e. risk reported by screening test vs. risk of miscarriage associated with invasive procedure), the patient, guided by her clinician can decide on opting or rejecting definitive invasive testing.

SIGNIFICANCE OF MULTIPLE OF MEDIAN (MOM) VALUES OF HORMONES

Prenatal screening tests analyze the levels of fetoplacental hormones (hormones released by placenta or fetus) found in mother's blood sample. Their raised or grossly reduced levels not only provides indication for common chromosomal abnormalities like Down syndrome, Edwards' syndrome or Patau syndrome but also provide indication for placental insufficiency that can in some cases lead to late pregnancy complications such as Pre-eclampsia or Fetal Growth Restriction. This necessitates observation of the levels of hormones (MoMs) reported in the prenatal screening report besides looking at the reported risk estimates for holistic interpretation and clinical decision making.

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 subchromosomal 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) monitored by UKNEQAS on an ongoing basis
- This interpretation assumes that patient and specimen details are accurate and correct
- Lilac Insights does nor bear responsibility for the NT & CRL measurements. We strongly recommend that NT/ CRL measurements are performed as per FMF (UK)/ ISUOG practice guidelines.
- PE risk stratification is done using a cut-off of 1:100 as per ASPRE study
- This interpretation assumes that patient and specimen details are accurate and correct. In all cases where an assessment of increased risk is based on LMP dates, the gestational age must be by ultrasound before further action is taken.
- 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.
- Lilac Insights does not bear the responsibility for the NT result. The company strongly recommends that only NT value from qualified experts (for example, clinicians certified by the Fetal Medicine Foundation) is utilized to provide a first trimester risk.

END OF REPORT





Scientific Support

Bangalore
Fetal Medicine
Centre