H·O·D
HOUSE of DIAGNOSTICS

Patient Name :	Demo Patient Name	**Lab No :**	Demo Visit No
Age / Sex :	27 Y / F	**Registration On :**	21-Jan-25 15:56
Referred By :	DEMO HOSPITAL	**Patient ID :**	UHID.DEMO.001
Centre :	HOD Head Office		

Double Marker

Serum Sample

Accession No: DEMO_BARCODE **Collected On:** 21-Jan-25 15:56 **Received On:** 21-Jan-25 20:30 **Approved On:** 22-Jan-25 11:16

Observation	Result	Unit	Biological Ref. Interval	Method
PAPP-A	5.14	mIU/mL		CLIA
Free Beta HCG	36.81	mIU/mL		CLIA

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Risk Parameters	Risk Evaluated	Risk Cut-Off	Screening Result
Age Risk	1:848	1:100	Negative (Low Risk)
Trisomy 21 (Biochemical Risk)	1:3866	1:250	Negative (Low Risk)
Trisomy 21 + NT Risk (Combined Biochemical + NT Risk)	<1:10000	1:250	Negative (Low Risk)
Trisomy 13/18 + NT Risk (Biochemical + NT Risk)	<1:10000	1:100	Negative (Low Risk)

Please refer to attached graph for detailed screening results.

Biological Reference Interval:

Weeks of Gestation	Free Beta HCG Median (mIU/mL)	PAPP-A Median (mIU/mL)
8	79.51	0.64
9	67.08	1.11
10	58.08	1.84
11	44.11	3.17
12	36.02	4.28
13	28.4	5.96
Non-Pregnant	< 2.00	

Disorder	Screen Positive Cutoff
Trisomy 21 (Down)	1:250
Trisomy 18/13	1:100

Clinical Notes:
- Test Performed on Fully Automated Siemens Centaur Analyzer based on Chemiluminescence Based Immuno-Assay Testing (CLIA Method)
- Statistical evaluation has been done using CE marked PRISCA 5 software.
-Screening tests are based on statistical analysis of patient demographic and biochemical data.
- They simply indicate a high or low risk category.
-Confirmation of screen positives is recommended by Chorionic Villus Sampling (CVS).
- The interpretive unit is MoM (Multiples of Median) which takes into account variables such as gestational age (ultrasound), maternal weight, race, insulin dependent Diabetes, multiple gestation, IVF (Date of Birth of Donor, if applicable), smoking & previous history of Down syndrome. Accurate availability of this data for Risk Calculation is critical. · Ideally all pregnant women should be screened for Prenatal disorders irrespective of maternal age.
- The test is valid between 9-13.6 weeks of gestation, but ideal sampling time is between 10-13 weeks gestation.
- First trimester detection rate of Down syndrome is 60% with a false positive rate of 5%. A combination of Nuchal translucency, Nasal bone visualization and biochemical tests (Combined test) increases the detection rate of Down syndrome to 85% at the same false positive rate.

Clinical Significance: First trimester screening for Prenatal disorders (Trisomy 21, 18 & 13) is essential to identify those women at sufficient risk for a congenital anomaly in the fetus to warrant further evaluation and followup. For Open neural tube defects, second trimester screening before 20 weeks is recommended. These are screening procedures which cannot discriminate all affected pregnancies from all unaffected pregnancies. Screening cutoffs are established by using MoM values that maximize the detection rate and minimize false positives.

Remarks: Please correlate results with clinical conditions and drug history.

This is a Demo Signature
and the doctor's signature should appear here

In case of any unexpected or alarming results, please contact us immediately for re-confirmation, clarifications, and rectifications, if needed.

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There may be an additional PDF attachment in this report which has been redacted for privacy. Please contact info@hod.care, if you would like to make a booking for this test.