

Patient Name : Demo Patient Name
Age / Sex : 34 Y / F
Referred By : DEMO HOSPITAL
Centre : HOD Head Office

Lab No : Demo Visit No
Registration On : 21-Jan-25 16:30
Patient ID : UHID.DEMO.001

Quadruple Test

Serum Sample

Accession No: DEMO_BARCODE **Collected On:** 21-Jan-25 16:30 **Received On:** 21-Jan-25 18:24 **Approved On:** 22-Jan-25 11:40

Observation	Result	Unit	Biological Ref. Interval	Method
Alpha Feto Protein (AFP)	69.26	ng/mL		
Beta hCG (Total)	19464	mIU/mL		
Unconjugated Estriol (uE3)	3.053	ng/mL		
Inhibin A	235.4	pg/mL		

Sample Report



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Risk Parameters	Risk Evaluated	Risk Cut-Off	Screening Result
Age Risk	1:456	1:100	Negative (Low Risk)
Trisomy 21 Risk	1:3770	1:250	Negative (Low Risk)
Trisomy 18 Risk	1:40100	1:100	Negative (Low Risk)
Open Neural Tube Defect Risk	0.77 AFP MoM	>2.31 AFP MoM	Negative (Low Risk)

Please refer to attached graph for detailed screening results.

Biological Reference Interval:

Weeks of Gestation	AFP Medians (ng/ml)	HCG Medians (mIU/ml)	Estriol, Free Medians (ng/ml)	Inhibin A Medians (pg/ml)
14	24.93	34309.24	0.84	281.08
15	29.15	31397.15	0.98	241
16	34.08	28598.11	1.14	214.89
17	39.85	25927.02	1.34	199.28
18	46.59	23395.68	1.57	192.19
19	54.48	21012.94	1.83	192.77
20	63.7	18784.77	2.14	201.09
21	74.48	16714.49	2.51	218.15

Suggested Cutoffs:

Disorder	Cut Off	Detection Rate (%)	False Positive Rate(%)
Neural tube defects	>=2.5 MoM	70-75	2-4
Trisomy 21 (Down)	1:250	65	5
Trisomy 18	1:100	60	0.3

Clinical Notes:

- As the test is a screening test, Confirmatory tests like amniocentesis or CVS should be considered based on finding under advice of your Gynecologist.
- Associated Confirmatory Test : Integrated test NIPT-Non- Invasive -Prenatal Screening Test - Genetic screening from maternal blood for aneuploidies-Trisomy 21,13 , 18
- Test Performed on Fully Automated Beckman Coulter Access 2 Analyzer based on Chemiluminescence Based Immuno-Assay Testing (CLIA Method)
- 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 in the amniotic fluid.
- 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 14-22 weeks of gestation, but ideal sampling time is between 15-20 weeks gestation.

Clinical Significance: Second trimester screening for Prenatal disorders (Trisomy 21 & 18 and Open Neural Tube defects) is essential to identify those women at sufficient risk for a congenital anomaly in the fetus to warrant further evaluation and followup. These are screening procedures which cannot discriminate small affected pregnancies from all unaffected pregnancies. Screening cutoffs are established by using MoM values that maximize the detection rate and minimize false positives. Addition of Inhibin A analysis to the Triple test protocol increases the detection rate of Down syndrome from 65% to 75%.

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.



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.