Thyrocare

Tests you can trust

Name : xxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxx

Date : xx xx xxxx

Test Asked : Double Marker First Trimester 8-13 Weeks (Fmf Certified)

Report Status: xxxxxxxxxxxxxxxx



9 out of 10 Doctors trust that Thyrocare **reports are accurate & reliable***

98% Reports released within **06 Hours** of sample reaching the lab+

Samples Processed in **NABL Accredited** Labs#

700+ Tests & Profiles

Temperature-Controlled Sample Logistics

Unique Barcode Tracking & Reports with QR Code Verification

Fully Automated Machines Inspected Daily

Abnormal Values Re-Checked Twice

Reports Verified By Expert MD Pathologists Stationed at Every Lab

Accredited by

NABL From 2005#

ISO 9001: 2015 - From 2015

CAP From 2007

Dummy Report

PROCESSED AT :
Thyrocare

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Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400703 98706 66333 wellness@thyrocare.com

*9 out of 10 Doctors Trust that Thyrocare Reports are **Accurate & Reliable***

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : DOUBLE MARKER FIRST TRIMESTER 8-13 WEEKS (FMF CERTIFIED)

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Report Availability Summary

Note: Please refer to the table below for status of your tests.

1 Ready | **0** Ready with Cancellation | **0** Processing | **0** Cancelled in Lab

TEST DETAILS	REPORT STATUS
DOUBLE MARKER FIRST TRIMESTER 8-13 WEEKS (FMF	Ready

Dummy Report

Note: Report for **DOUBLE MARKER FIRST TRIMESTER 8-13 WEEKS (FMF CERTIFIED) (Graph Report)** will be shared separately

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NAME : XXXXXXXXXXXXXXXX

REF. BY : XXXXXXXXXXXXXXXX

TEST ASKED : DOUBLE MARKER FIRST TRIMESTER 8-13 WEEKS (FMF CERTIFIED)

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
FREE BETA HCG	E.C.L.I.A	46.6	IU/L

Bio. Ref. Interval. :-

Pregnancy:
Weeks Ranges
10-11 : 45.60 - 54.53
11-12 : 37.30 - 44.28
12- 13 : 31.27 - 36.30
13-14 : 27.52 - 30.60

Cut off Cut off risk for Downs syndrome or Trisomy 21

<35 years		>35 years	
Weeks	Ranges	Weeks	Ranges
10-11 :	>210	10-11 :	>92
11-12 :	>162	11-12 :	>80
12- 13 :	>130	12- 13 :	>68
13-14 :	>110	13-14 :	>60

Interpretation:
Free BHCG is a glycoprotein hormone normally found in blood and urine only during pregnancy. It is secreted by placental tissue, beginning with primitive trophoblast, almost from the time of implantation, and serves to support the corpus luteum during early weeks of pregnancy. HCG or HCG like material is also produced by a variety of trophoblastic and non-trophoblastic neoplasia. Intact HCG is 39,500 Da molecule composed of two non-identical subunits alpha and beta that are bound to each other in a non-covalent manner. These subunits can also occur in a free or unbound form. Only intact HCG has biological activity. The HCG-alpha subunit is structurally identical to the alpha subunit of homologous pituitary glycoprotein hormones, luteinizing hormones, follicle stimulating hormone and thyroid stimulating hormone. The beta subunit is specific for each of these hormones, and confers upon them their differing biological activities. Maternal serum free BHCG assessment is reported to have significant utility in first and second trimester prenatal screening for Down syndrome and other chromosomal anomalies.

Specifications: Precision: Intra assay (%CV): 1.6, Inter assay (%CV): 3.8, Sensitivity: 0.3 IU/mL

Reference : Karl O. Kagan, Dave Wright, Catalina Valencia, Nerea Maiz, Kypros H. Nicolaides, Screening for trisomies 21, 18 and 13 by maternal age, fetal nuchal translucency, fetal heart rate, free ß-hCG and pregnancy-associated plasma protein-A, Human Reproduction, Volume 23, Issue 9, 1 September 2008, Pages 1968–1975

Please correlate with clinical conditions.

Method:- SANDWHICH ELECTROCHEMILUMINESCENCE IMMUNOASSAY

Dummy Report

Sample Collected on (SCT) : Sample collection time
Sample Received on (SRT) : Sample receiving time at Lab
Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : DOUBLE MARKER FIRST TRIMESTER 8-13 WEEKS (FMF CERTIFIED)

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
PREGNANCY ASSOCIATED PLASMA PROTEIN A	E.C.L.I.A	9282	mIU/L

Bio. Ref. Interval. :-

Pregnancy:

Weeks	Ranges	Cut off risk for Downs syndrome or Trisomy 21 <35 years		>35 years	
		Weeks	Ranges	Weeks	Ranges
10-11	1180 - 1534	10-11	<1000	10-11	<1200
11-12	1617 - 2301	11-12	<1040	11-12	<1750
12- 13	2445 - 3490	12-13	<1450	12-13	<2650
13-14	3694 - 5101	13-14	<1800	13-14	<3390

Interpretation
Pregnancy-associated plasma protein-A (PAPP-A) was first identified as a high-molecular weight constituent in human pregnancy serum. PAPP-A is a metalloprotease which belongs to the metzincin super family of zinc peptidases. Insulin-like growth factor binding protein 4 (IGFBP-4) as well as IGFBP-5 have been found to be specific substrates for PAPP-A in vitro.

PAPP-A is widely recognized biochemical marker of Down syndrome (DS) used in the first trimester of pregnancy. PAPP-A level in maternal serum increases with gestational age until term. In case of DS pregnancy, PAPP-A concentration in the first trimester is markedly decreased.

Specifications: Precision: Intra assay (%CV): 5, Inter assay (%CV): 6.9, Sensitivity: <= 8 mIU/mL
References:
Patil M, Panchanadikar TM, Wagh G. Variation of papp-a level in the first trimester of pregnancy and its clinical outcome. J Obstet Gynaecol India. 2014 Apr;64(2):116-9.

Karl O. Kagan, Dave Wright, Catalina Valencia, Nerea Maiz, Kypros H. Nicolaides, Screening for trisomies 21, 18 and 13 by maternal age, fetal nuchal translucency, fetal heart rate, free ß-hCG and pregnancy-associated plasma protein-A, Human Reproduction, Volume 23, Issue 9, 1 September 2008, Pages 1968–1975.

Please correlate with clinical conditions.

Method:- SANDWHICH ELECTROCHEMILUMINESCENCE IMMUNOASSAY

~~ End of report ~~

Dummy Report

Sample Collected on (SCT) : Sample collection time
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Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

CONDITIONS OF REPORTING

- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- This report is not valid for medico-legal purpose.
- Neither Thyrocare, nor its employees/representatives assume: (a) any liability, responsibility for any loss or damage that may be incurred by any person as a result of presuming the meaning or contents of the report, (b) any claims of any nature whatsoever arising from or relating to the performance of the requested tests as well as any claim for indirect, incidental or consequential damages. The total liability, in any case, of Thyrocare shall not exceed the total amount of invoice for the services provided and paid for.
- Thyrocare Discovery video link :- https://youtu.be/nbdYeRgYyQc

EXPLANATIONS

- Majority of the specimen processed in the laboratory are collected by Pathologists and Hospitals we call them as "Clients".
- **Name** - The name is as declared by the client and recored by the personnel who collected the specimen.
- **Ref.Dr** - The name of the doctor who has recommended testing as declared by the client.
- **Labcode** - This is the accession number in our laboratory and it helps us in archiving and retrieving the data.
- **Barcode** - This is the specimen identity number and it states that the results are for the specimen bearing the barcode (irrespective of the name).
- **SCP** - Specimen Collection Point - This is the location where the blood or specimen was collected as declared by the client.
- **SCT** - Specimen Collection Time - The time when specimen was collected as declared by the client.
- **SRT** - Specimen Receiving Time - This time when the specimen reached our laboratory.
- **RRT** - Report Releasing Time - The time when our pathologist has released the values for Reporting.
- **Reference Range** - Means the range of values in which 95% of the normal population would fall.

SUGGESTIONS

- Values out of reference range requires reconfirmation before starting any medical treatment.
- Retesting is needed if you suspect any quality shortcomings.
- Testing or retesting should be done in accredited laboratories.
- For suggestions, complaints, clinical support or feedback, write to us at **customersupport@thyrocare.com** or call us on **022-3099 0000**





*+T&C Apply, # Upto 95% Samples in NABL Accredited Labs, * As per a survey on doctors' perception of laboratory diagnostics (IJARIIT,2023)*

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First Trimester Screening results

Patient data

Name and surname:	XXXXXXXXXXXXXXXX	**Weight:**	41 Kg.
Lab ID:	XXXXXXXXXX	**Height:**	N/I
Race/Ethnicity:	XXXXXXX	**Diabetes:**	No
Date of birth:	XXXXXXXXX	**Smoker:**	No
Type of Pregnancy:	Spontaneus	**Ovulation Ind.:**	No
Prev. Obstetric History:	None	**Referral Center:**	XXXXXXXXXX
Prenatal Software:	XXXXXXXXXXXXXXXX	**Referral Doctor:**	XXXXXXXXXXXXXXX

Biochemical data

Sample date:	XXXXXXXXX		**Gestational age:**	13 weeks and 1 day
Sample ID:	XXXXXXXXX			
Free beta hCG 1T:	46.6 IU/L	1.15 MoM		
PAPP-A:	9282 mIU/L	1.6 MoM		

Ultrasound data

Ultrasound date:	20-11-2024		**Gestational age:**	13 weeks and 1 day
CRL:	69 mm			
Nuchal Translucency:	1.1 mm	0.63 MoM (Truncated at 0.78 MoMs)		

Dichotomous markers

Absent nasal bones=**No**.

Risk report (At term)

Risk type	*Probability*	*Result*	*Graphic representation*
Trisomy 21 age risk:	1/1557		**1/1557**
Trisomy 21:	**< 1/10000**	**Low Risk**	**< 1/10000** 250
Trisomy 18/13:	**< 1/100000**	**Low Risk**	**< 1/100000** 250

Observations

Low Risk.

- The risk calculations are statistical approaches and have limited diagnostic value.
- The calculated risk by the software depends on the accuracy of USG details and patient details provided.
- FMF-Certified Free beta hCG & PAPP-A kits are being used for analysis.
- Participants in UKAS-proficiency testing (EQAS) for maternal serum markers.
- The laboratory can not be held responsible for their impact on the risk assessment. Calculated risks have no diagnostic value.
- The screening risk estimates final risk using biochemical parameters results, maternal demographic characteristics, and maternal medical and obstetric history. The risk calculation is optimal when accurate critical information is provided and incorrect information ((TRF/ U.S scan report) may significantly alter the risk assessment.
- Risks cannot be calculated for triplets or higher order gestations. In twin pregnancies with fetal demise (vanishing twins) risk estimation can be calculated but may be unreliable.

Dummy Report

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- Comparison with other screening software's and assay methodologies may give varying risk assessments. Risk assessment at term and sampling are both valid ways of estimating risk, but the risk score between the two varies because a correction factor of intrauterine mortality is applied for risk at sampling which is not taken into consideration while computing risk at term.
- Sophisticated software program SsdwLab6 works on statistical database to calculate this risk and hence any risk indicated should not be considered to be confirmatory evidence of fetal risk.
- This is a screening report and will need further confirmatory tests for diagnosis. Kindly consult your doctor for further.

Anomaly	Risk Ratio	Risk Categorization
Down's Syndrome (Trisomy 21)	> 1:250	Low Risk
	< 1:250	High Risk
Trisomy 13/18	> 1:250	Low Risk
	< 1:250	High Risk

Authorized by: XXXXXXXXXXXXXXXX **Printing date:** XXXXXXXXX

Doctor Sign

Dummy Report