Thyrocare

Tests you can trust

Name : xxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxx

Date : xx xx xxxx

Test Asked : Quadruple Marker Second Trimester 14-22 Weeks

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

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Tests you can trust

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

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : QUADRUPLE MARKER SECOND TRIMESTER 14-22 WEEKS

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
QUADRUPLE MARKER SECOND TRIMESTER 14-22 WEEKS	Ready

Dummy Report

Note: Report for **QUADRUPLE MARKER SECOND TRIMESTER 14-22 WEEKS (Graph Report)** will be shared separately

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REF. BY : XXXXXXXXXXXXXXXX

TEST ASKED : QUADRUPLE MARKER SECOND TRIMESTER 14-22 WEEKS

SAMPLE COLLECTED AT :

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
INHIBIN A	C.L.I.A	139.7	pg/mL

Bio. Ref. Interval. :-

Normal cycling females (Days from LH surge)

Early Follicular Phase (-14 to - 10)	1.8 - 17.3
Mid Follicular Phase (-9 to - 4)	3.5 - 31.7
Late Follicular Phase (-3 to - 1)	9.8 - 90.3
Mid cycle (Day 0, LH surge)	16.9- 91.8
Early Luteal Phase (1 to 3)	16.1- 97.5
Mid Luteal Phase (4 to 11)	3.9 - 87.7
Late Luteal Phase (12 to 14)	2.7 - 47.1
Postmenopausal females	< 1.0 - 2.1
Males	< 1.0 - 2

Clinical Significance :
Inhibin A level is used as an endrocrine marker for androgen production and monitoring ovarian function .These levels are also used in maternal serum quadruple screening test,to estimate the chance of having birth defects in baby.Increased levels of Inhibin A are related to many conditions in placenta like infection ,hypoxia and placental malformations.

Specifications: Precision: Intra assay (%CV): 4.17 %, Inter assay (%CV):4.28%; Sensitivity: < 1 pg/mL.

Kit Validation References:
Burger HG Evidence for a negative feedback role of inhibin in folliclestimulating hormone regulation in women 1993:1-2:129-32

Please correlate with clinical conditions.

Method:- SEQUENTIAL TWO-STEP IMMUNOENZYMATIC (SANDWICH) ASSAY

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

Dummy Report

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TEST ASKED : QUADRUPLE MARKER SECOND TRIMESTER 14-22 WEEKS

SAMPLE COLLECTED AT :

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
ALPHA FETO PROTEIN	E.C.L.I.A	14	IU/mL

Bio. Ref. Interval. :-

Men: 0.5 - 5.5 IU/ml
Non-Pregnant Women: 0.5 - 5.5 IU/ml Pregnancy:
Week Range
14th : 10.41 - 49.40
15th : 13.11 - 57.08
16th : 15.12 - 64.45
17th : 17.72 - 76.11
18th : 19.26 - 91.51
19th : 23.26 - 101.80
20th : 28.05 - 125.85
21st : 33.30 - 92.75

Clinical Significance:
AFP has been used as a cancer marker. AFP testing during pregnancy in combination with Beta HCG and E3, Is recommended as an effective way to determine potential fetal risk of open neural tube defect (NTD).

Specifications: Precision: Intra assay (%CV): 4.1, Inter assay (%CV): 4.2, Sensitivity: 1.5 IU/mL

Refrences : Kaur G, Srivastav J, Sharma S, Huria A, Goel P, Chavan BS. Maternal serum median levels of alpha-foetoprotein, human chorionic gonadotropin & unconjugated estriol in second trimester in pregnant women from north-west India. Indian J Med Res. 2013;138(1):83-8.

Please correlate with clinical conditions.

Method:- SANDWHICH ELECTROCHEMILUMINESCENCE IMMUNOASSAY

Sample Collected on (SCT) : Sample collection time

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Report Released on (RRT) : Report release time

Sample Type : SERUM

Labcode :

Barcode :

Doctor 1 Sign Doctor 2 Sign

Dummy Report

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TEST ASKED : QUADRUPLE MARKER SECOND TRIMESTER 14-22 WEEKS

SAMPLE COLLECTED AT :

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
BETA HCG	E.C.L.I.A	24754	mIU/mL

Bio. Ref. Interval. :-

Men :<2.6 mIU/mL Post menopausal women : <8.3 mIU/mL Non pregnant premenopausal women : <5.3 mIU/mL
Weeks of gestation Ranges

Week	Range	Week	Range
3rd	5.8-71.2	10th	46509-186977
4th	9.5-750	12th	27832-210612
5th	217-7138	14th	13950-62530
6th	158-31795	15th	12039-70971
7th	3697-163563	16th	9040-56451
8th	32065-149571	17th	8175-55868
9th	63803-151410	18th	8099-58176

Clinical Significance: The rapid rise in HCG Serum levels after conception makes it an excellent marker for early confirmation and monitoring of pregnancy. HCG levels can be useful in prediction of spontaneous abortions, Aiding in the detection of ectopic pregnancy and multiple gestation. For diagnostic purpose, Results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Specifications: Precision: Intra assay (%CV): 4.2, Inter assay (%CV): 6.3, Sensitivity: <= 0.200 mIU/mL

Reference : Schwarz S, Berger P, Wick G. The Antigenic Surface of Human Chorionic Gonadotropin as Mapped by Murine Monoclonal Antibodies.
Endocrinology 1986;118(1):189-197

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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SAMPLE COLLECTED AT :

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
UNCONJUGATED ESTRIOL - UE3	C.L.I.A	0.477	ng/mL

Bio. Ref. Interval. :-

Males and Non pregnant Females : < 2.0

Pregnancy:

Weeks Ranges

16 Weeks :0.30-1.05

18 Weeks :0.63-2.30

34 weeks :5.3-18.3

35 Weeks :5.2 -26.4

36 Weeks :8.2-28.1

37 Weeks :8.0-30.1

38 Weeks :8.6-38.0

39 Weeks :7.2-34.3

40 Weeks :9.6-28.9

Clinical Significance :

There is considerable patient-to-patient variability: The reference range for a given gestational age may encompass Estriol levels from 50 to 200 percent of the median for that age. Hence the pattern generated by serial determination is of greater significance than the results of isolated measurements. Persistently low or rapidly falling Estriol levels suggest fetal distress. Estriol concentration are subject to diurnal and episodic variation; Please refer serum levels to a baseline, Defined for the patient as either the average or the highest of her three most recent Estriol results.

Specifications: Precision: Intra assay (%CV): 10.75, Inter assay (%CV): 6.15, Sensitivity: 0.017 ng/mL

Reference : Teetz Chapter 45

Please correlate with clinical conditions.

Method:- COMPETITIVE BINDING IMMUNOENZYMATIC ASSAY

~~ End of report ~~

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

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 **022-3090 0000**

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*+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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Second Trimester Screening results

Patient data

Name and surname:	XXXXXXXXXXXXXXXX	**Weight:**	68 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:**	XXXXXXXXXXXXXXXX

Biochemical data

Sample date:	XXXXXXXXX		**Gestational age:**	14 weeks and 2 days
Sample ID:	XXXXXXXXX			
Alpha-fetoprotein:	14 IU/ml	0.71 MoM		
hCG + beta:	24754 mIU/ml	0.74 MoM		
Unconjugated Oestriol:	0.477 ng/ml	0.76 MoM		
Inhibin-A:	139.7 pg/ml	0.87 MoM		

Risk report (At term)

Risk type	*Probability*	*Result*	*Graphic representation*
NTD:	**No**	**Low Risk**	**No**
Trisomy 21 age risk:	1/1374		**1/1374**
Trisomy 21:	**1/6399**	**Low Risk**	**1/6399** 250
Trisomy 18/13:	**< 1/100000**	**Low Risk**	**< 1/100000** 250

Observations

Low Risk.

NOTE: Second Trimester test uses assays for maternal serum alpha fetoprotein (AFP), Beta subunit of human chorionic gonadotropin (B-HCG), unconjugated estriol (uE3) for Triple test, and is Inhibin A is add for Quad test combined with patient specific data including patient age or weeks of pregnancy(WOP) weight, gestational age, number of fetus, previous bad obstetric history, medical history,information about IVF pregnancy, and demographics to calculate the numerical risk for fetal Down syndrome, Edward syndrome and neural tube defects. It uses a sophisticated software program called SsdwLab6, which works on a statistical database to calculate this risk, and hence any risk indicated should not be considered to be a confirmatory evidence of fetal risk. A risk indicated only says that further investigations are needed before a decision is taken and therefore the report should be interpreted in light of other clinical and laboratory evidences.

- 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.
- 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.

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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
NTD	No	Low Risk
	Yes	High Risk

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

Doctor Sign

Dummy Report