

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No
Max ID/Mobile	Collection Date/Time
Lab ID	Receiving Date
Ref Doctor	Reporting Date
Passport No.	

Clinical Biochemistry Special

Test Name	Result	Unit	Bio Ref Interval
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[PDF Attached](#)

Double Marker*, Serum

DELFIA

Downs Syndrome Risk(T21)	Intermediate
Edwards Syndrome Risk(T18)	Low Risk
Patau Syndrome Risk(T13)	Low Risk

Comment:- Amended Report

This report supersedes the previous report verified on 04-10-2021

Comment Statistical Evaluation has been done using Life Cycle Screening management software

The Screening test is based on Biochemical results, Patient's history and population data. This indicates a high or low risk category test.

Few cases of false positivity can occur in this screening test. Confirmation of screen positive results is recommended in the amniotic fluid.

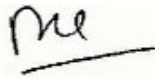
The test is valid between 11th and 13th weeks 6 days of gestation.

Kindly correlate with clinical findings

*** End Of Report ***



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Max Lab & Blood Bank Services



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SIN No:SB1287637, Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
Booking Centre :1968 - Dr. Nanda Diagnostic Centre, C-566, Outer Ring Road, near Rama Market, Block C, Saraswati Vihar, Pitam Pura, Delhi, 110034, 9311028871

The authenticity of the report can be verified by scanning the Q R Code on top of the page

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Phone: +91-11-6642 2222, 7194 1000 | (CIN No.: U85100DL2021PLC381826)

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Conditions of Reporting: 1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name as identified in the bill/test request form. 2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory. 3. The reported results are for the information and interpretation by the referring doctor only. 4. Some tests are referred to other laboratories to provide a wider test menu to the customer. 5. Max Healthcare shall in no event be liable for accidental damages loss, or destruction of specimen which is not attributable to any direct and mala fide act or omission of Max Healthcare or its employees. Liability of Max Healthcare for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.

PATIENT REPORT - KOMAL

05/10/2021

Requestor: -, -

REQUESTOR TYPE:	REQUESTOR:	DOCTOR:	FACILITY:
-	-	-	-
REQUESTOR CODE:	REQUESTOR PHONE 1:		
-	-		

Patient ML01453170: -, KOMAL

PATIENT ID:	LAST NAME:	FIRST NAME:	BIRTH DATE:
ML01453170	-	KOMAL	24/12/1988
ETHNICITY:	PHONE NO. 1:	ADDRESS 1:	CITY:
Asian	-	-	-
POSTAL CODE:			
-			

Pregnancy, Calculated EDD: 13/04/2022 (MAEDD: 33.3)

MAEDD:	CALCULATED EDD:	GEST. DATE:	SELECTED GEST. METHOD:
33.3	13/04/2022	07/07/2021	CRL
LMP DATE:	SMOKING STATUS:	INSULIN DEP. DIABETIC:	NO. OF FETUSES:
09/07/2021	Non smoker	No	1
MONOZYGOUS:	CHORIONICITY:	CORRECTED BY CHORIONICITY:	FERTILIZATION DATE:
No	-	-	-
HEIGHT [CM]:	MATERNAL WEIGHT [KG]:	DIABETES TYPE II:	INSULIN TREATMENT FOR TYPE II DIABETES:
-	-	-	-
CONCEPTION METHOD:	MOTHER OF PATIENT HAD PRE-ECLAMPSIA:	CHRONIC HYPERTENSION:	SYSTEMIC LUPUS ERYTHEMATOSUS:
-	-	-	-
ANTI-PHOSPHOLIPID SYNDROME:	PAST NO. OF PREGNANCIES ≥ 24 WEEKS:	PREV. PREG. PRE-ECLAMPSIA:	PREV. PREG. DELIVERY DATE:
-	-	-	-
INTER-PREGNANCY INTERVAL [YEARS]:	PREV. PREG. GEST. AT DELIVERY:	PREV. PREG. BABY WEIGHT [G]:	BIRTH WEIGHT Z-SCORE:
-	0 w 0 d	-	-
ASSISTANCE METHOD:	TRANSFER DATE:	EGG EXTRACTION DATE:	EGG DONOR DOB:
-	-	-	-
AGE AT EXTRACTION:	PAST T21 - DOWN'S SYNDROME:	PAST T18 - EDWARDS' SYNDROME:	PAST T13 - PATAU'S SYNDROME:
-	-	-	-
PAST CDLS - CORNELIA DE LANGE SYNDROME:	PAST SLOS - SMITH-LEMLI-OPITZ SYNDROME:	PAST TR - TRIPLOIDY:	PAST TS - TURNER'S SYNDROME:
-	-	-	-
RISK ASSESSED:	SCREENING PROTOCOL:		
At term	Screening_4.0		

Biochemistry

SAMPLE ID:	SPECIMEN COLLECTED:	WEIGHT [KG]:	GEST. AT SAMPLE DATE (W + D):
SB1287637	30/09/2021	48	12 w 1 d
SAMPLE TYPE:			
-			

Ultrasound

SCAN DATE:	CRL IN MM:	BPD IN MM:	HC IN MM:
30/09/2021	56.4	-	-
GEST. AT SAMPLE DATE (W + D):	CRL (#2) IN MM:	BPD (#2) IN MM:	HC (#2) IN MM:
12 w 1 d	-	-	-
GEST. AT MANUAL ENTRY (W + D):	WEIGHT [KG]:	SAMPLE TYPE:	
0 w 0 d	48	-	

Tests

REPORT CREATED BY:

Priyanka Bhatt

REPORT CREATED AT:

05/10/2021 11:28

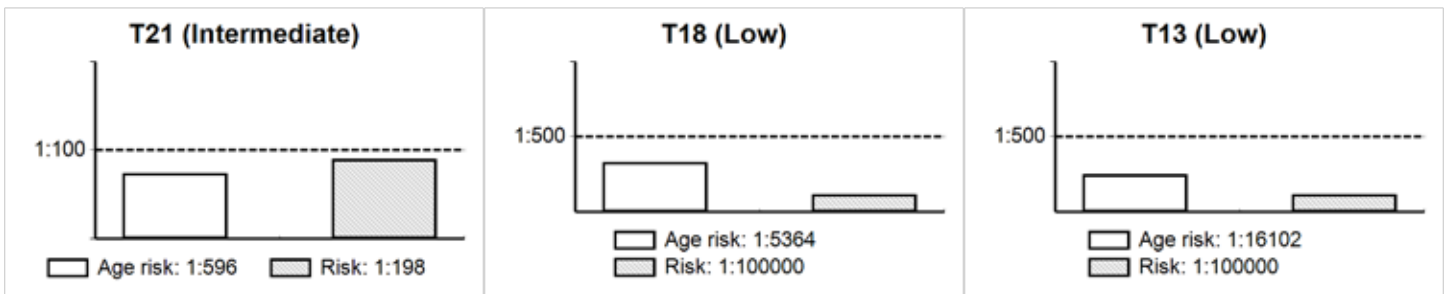
PATIENT REPORT - KOMAL

05/10/2021

TEST	SAMPLE ID	DATE	GEST. AT SAMPLE DATE (W + D)	VALUE	UNIT	CORR. MOM	WEIGHT [KG]
hCGb (Signed)	SB1287637	30/09/2021	12 w 1 d	54.65	ng/mL	1.09	48
PAPP-A (Signed)	SB1287637	30/09/2021	12 w 1 d	2004.88	mU/L	0.57	48
NB (Signed)	-	30/09/2021	12 w 1 d	Absent	-	-	48
NT (Signed)	-	30/09/2021	12 w 1 d	0.9	mm	0.72	48

Risks, Risk assessed: At term

RISK NAME: T21 (Calculated)	RISK RESULT: Intermediate	RISK: 1:198	TWIN RISK RESULT: -	TWIN RISK: -	AGE RISK: 1:596	CUT-OFF: 1:100
RISK NAME: T18 (Calculated)	RISK RESULT: Low	RISK: 1:100000	TWIN RISK RESULT: -	TWIN RISK: -	AGE RISK: 1:5364	CUT-OFF: 1:500
RISK NAME: T13 (Calculated)	RISK RESULT: Low	RISK: 1:100000	TWIN RISK RESULT: -	TWIN RISK: -	AGE RISK: 1:16102	CUT-OFF: 1:500



PLEASE NOTE: