



Triple Screen

MOLQ LABORATORY (A UNIT OF MOLECULAR QUEST HEALTHCARE PVT. LTD.)

PATIENT INFORMATION

NAME MRS BABITA
 PATIENT CODE: 01180925051
 DOB: 24/06/92 (DDMMYY)
 LMP:
 EDD: 12/03/19
 PHYSICIAN:

CLINICAL INFORMATION

GESTATIONAL AGE: 16 weeks 0 day
 by U/S on 25/09/18
 MATERNAL AGE AT TERM: 26.7 years
 MATERNAL WEIGHT: 44.0 kg
 MATERNAL RACE: INDIAN
 MATERNAL IDDM: Not specified (Non-diabetic assumed)
 GESTATION: Singleton
 SCREENING STATUS: Initial sample
 PARA / GRAVIDA: 0 / 1

SPECIMEN

SPECIMEN CODE: MOLQ LAB
 COLLECTION DATE: 25/09/18

RECEIVED: 25/09/18
 REFERRING LAB #: MOLQ LAB
 REPORTED: 25/09/18

CLINICAL RESULTS

| Second Trimester | Assay Results | MoM | | | | | | |
|----------------------------------|--------------------|------------------|--|--|--|--|--|--|
| AFP | 96.8 ng/mL | 2.72 | | | | | | |
| uE3 | 0.96 ng/mL | 0.95 | | | | | | |
| hCG | 37176 mIU/ml | 0.77 | | | | | | |
| Risk Assessment (at term) | | | | | | | | |
| Down Syndrome | <1:50000 | 1:250 | | | | | | |
| Age alone | 1:1270 | | | | | | | |
| Equivalent Age Risk | <15.0 | | | | | | | |
| OSB: | 1:41 | 1:721(1.95 MoMs) | | | | | | |
| Trisomy 18 | ~1:99000 | 1:100 | | | | | | |

| DS | | OSB | | T18 | |
|--------------|----------|--------------|-----------------------|--------------|-----------------|
| serum screen | age only | serum screen | population prevalence | serum screen | background risk |
| <1:50000 | 1:1270 | 1:41 | 1:1000 | ~1:99000 | 1:12700 |

Interpretation* (based on partial information supplied)

OPEN SPINA BIFIDA

SCREEN POSITIVE

The maternal serum AFP result is HIGH for a pregnancy of this gestational age, indicating a substantially increased risk of an open neural tube defect. If the gestational age is confirmed, a LEVEL II ultrasound and counseling regarding the risks and benefits of AMNIOCENTESIS are recommended.

DOWN SYNDROME

Screen Negative

The risk of Down syndrome is LESS than the screening cut-off. No follow-up is indicated regarding this result.

TRISOMY 18

Screen Negative

These serum marker levels are not consistent with the pattern seen in Trisomy 18 pregnancies. Maternal serum screening will detect approximately 60% of Trisomy 18 pregnancies.

Accuracy of gestational age is essential for valid interpretation.