SagePath®
Excellence In Health Care

Sagepath Labs Pvt. Ltd.

Lab Address:- # Plot No. 564 , 1st floor , Buddhanagar , Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana.
ICMR Reg .No. SAPALAPVLHT (Covid -19)

LABORATORY TEST REPORT

Name	: Mrs. SUJATHA G		
Sample ID	: A1840802		
Age/Gender	: 23 Years 1 Months 14 Days/Female	Reg. No	: 0312502140038
Referred by	: Dr. M LAKSHMI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 14-Feb-2025 01:28 PM
Primary Sample	: Whole Blood	Received On	: 14-Feb-2025 04:07 PM
Sample Tested In	: Serum	Reported On	: 14-Feb-2025 06:41 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval

PDF Attached

Double Marker

Free -Beta -HCG *(Method: CLIA)*	35.74	ng/mL	< 2 :Non-Pregnant 5.4 - 393.4 : Pregnant
PAPP-A *(Method: CLIA)*	11.21	mIU/mL	< 0.1 : Non-Pregnant 0.1-19.5 : Pregnant

Interpretation:

DISORDER	SCREEN POSITIVE/HIGH RISK CUT OFF
Trisomy 21 (Down)	< 1:250
Trisomy 18/13	< 1:100

DISORDER	SCREEN NEGATIVE/LOW RISK CUT OFF
Trisomy 21 (Down)	> 1:250
Trisomy 18/13	> 1:100

Note: Statistical evaluation has been done using CE marked PRISCA 5 software. · 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 by Chorionic Villus Sampling (CVS). · 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 9-13.6 weeks of gestation, but ideal sampling time is between 10-13 weeks gestation. · First trimester detection rate of Down syndrome is 60% with a false positive rate of 5%. A combination of Nuchal translucency, Nasal bone visualization and biochemical tests (Combined test) increases the detection rate of Down syndrome to 85% at the same false positive rate.

Comments: First trimester screening for Prenatal disorders (Trisomy 21, 18 & 13) is essential to identify those women at sufficient risk for a congenital anomaly in the fetus to warrant further evaluation and followup. For Open neural tube defects, second trimester screening before 20 weeks is recommended. These are screening procedures which cannot discriminate all affected pregnancies from all unaffected pregnancies. Screening cutoffs are established by using MoM values that maximize the detection rate and minimize false positives.

DR. LAVANYA LAGISETTY
MD BIOCHEMISTRY

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Sample Tested In	: Serum	Reported On	: 14-Feb-2025 06:56 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

Test Name	Results	Units	Biological Reference Interval
VDRL- Syphilis Antibodies *(Method: Slide Flocculation)*	Non Reactive		Non Reactive

The serological diagnosis of syphilis is classified into two groups: Nontreponemal tests (RPR/VDRL) and Treponemal tests (TPHA/CLIA). Syphilis serology is a treponemal assay for the qualitative determination of antibodies to T. pallidum in human serum or plasma as an aid in the diagnosis of syphilis. Treponemal tests may remain reactive for life, even following adequate therapy thus a positive result suggests infection with Treponema pallidum but does not distinguish between treated and untreated infections. Therefore, the results of a nontreponemal assay, such as rapid plasma reagin, are needed to provide information on a patient's disease state and history of therapy. Nontreponemal tests lack sensitivity in late stage of infection and screening with these tests alone may yield false positive reactions in various acute and chronic conditions in the absence of syphilis (biological false positive reactions).

*** End Of Report ***

MC 3633

DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST

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Primary Sample	: Whole Blood	Received On	: 14-Feb-2025 04:07 PM
Sample Tested In	: Serum	Reported On	: 14-Feb-2025 07:12 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

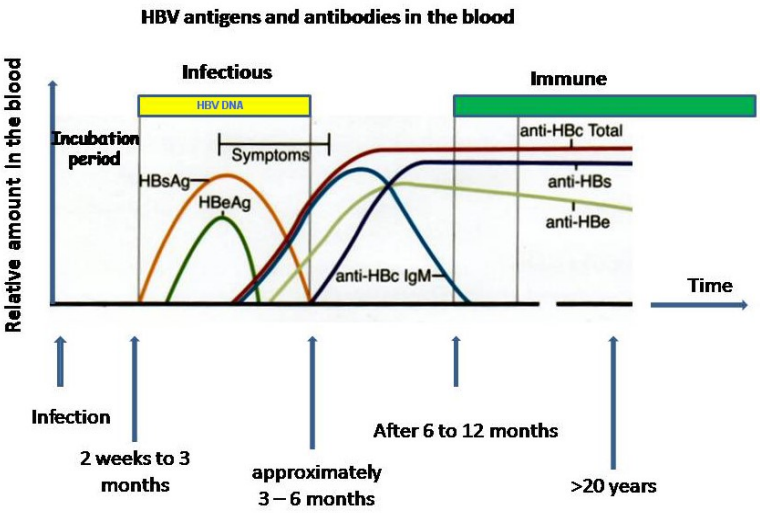
VIRAL SCREENING

Test Name	Results	Units	Biological Reference Interval
Hepatitis B Surface Antigen (HBsAg) *(Method: ELISA)*	0.41	S/Co	<1.00 :Negative >1.00 :Positive

Interpretation:

- Negative result implies that antibodies to HBsAg have not been detected in the sample. This means the patient has either not been exposed to HBsAg infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HBsAg.
- Positive result implies that antibodies to HBsAg have been detected in the sample.

Hepatitis B Virus (HBV) is a member of the Hepadna virus family causing infections of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2% normal adolescents and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms. Persistence of HBsAg for more than six months indicates development of carrier state or Chronic liver disease.



Note:
1. All Reactive results are tested additionally by Specific antibody Neutralization assay . For further confirmation Molecular assays are recommended For diagnostic purposes, results should be used in conjunction with clinical history and other hepatitis markers for Acute or Chronic infection

*** End Of Report ***

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Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

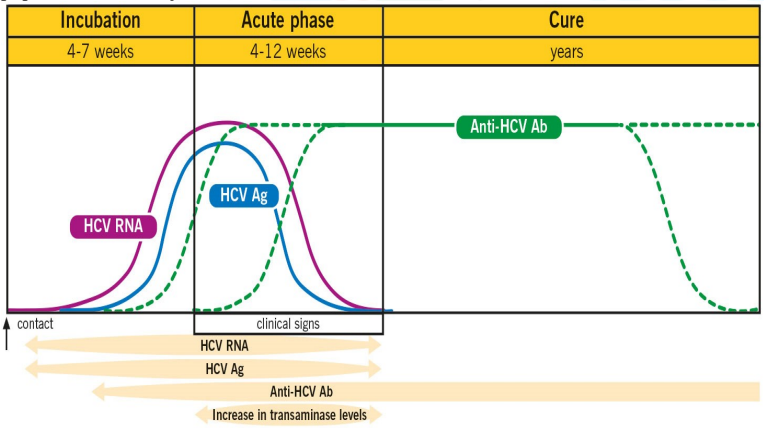
Test Name	Results	Units	Biological Reference Interval
Hepatitis C Virus Antibody *(Method: ELISA)*	0.22	S/Co	< 1.00 : Negative > 1.00 : Positive

Interpretation:

1. Negative result implies that antibodies to HCV have not been detected in the sample. This means the patient has either not been exposed to HCV infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HCV.
2. Positive result implies that antibodies to HCV have been detected in the sample.

Comments :-

Hepatitis C (HCV) is an RNA virus of Flavivirus group transmitted via blood transfusions, transplantation, injection drug users, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10% of new cases show sexual transmission. As compared to HAV & HBV, chronic infection with HCV occurs in 85% of infected individuals. In high risk populations, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25%.



Note:

1. False positive results are seen in Autoimmune diseases, Rheumatoid factor, Hypergammaglobulinemia, Paraproteinemia, passive antibody transfer, Anti- idiotypes & Anti superoxide dismutase
2. False negative results are seen in early Acute infection, Immunosuppression & Immuno-incompetence
3. HCV RNA PCR recommended in all Reactive results to differentiate between past and present infection

*** End Of Report ***

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IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

Test Name	Results	Units	Biological Reference Interval
HIV (1& 2) Antibody *(Method: ELISA)*	0.34	S/Co	< 1.00 : Negative > 1.00 : Positive

*** End Of Report ***

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MD, MICROBIOLOGIST

MC 3633

Sage Path Labs Pvt Ltd
Plot No. 564, First Floor, Buddanagar, Peerzadiguda, Boduppal, Hyderabad
Telangana - 500092

Prisca 5.1.0.17

Date of report: 14/02/25

N A

Patient data			
Name	Mrs. SUJATHA G	Patient ID	0312502140038
Birthday	01/01/02	Sample ID	A1840802
Age at sample date	23.1	Sample Date	14/02/25
Gestational age	13 + 0		

Correction factors					
Fetuses	1	IVF	no	Previous trisomy 21 pregnancies	unknown
Weight	50	diabetes	no		
Smoker	no	Origin	Asian		

Biochemical data

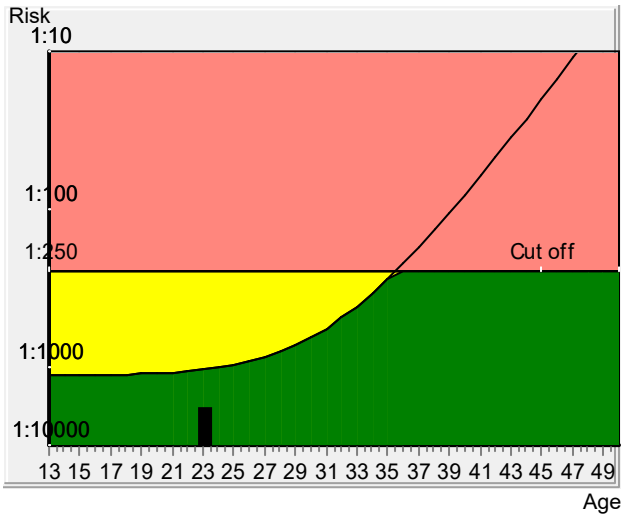
Parameter	Value	Corr. MoM
PAPP-A	11.21 mIU/mL	1.90
fb-hCG	35.74 ng/mL	0.90

Risks at sampling date

Age risk	1:1043
Biochemical T21 risk	<1:10000
Combined trisomy 21 risk	<1:10000
Trisomy 13/18 + NT	<1:10000

Ultrasound data

Gestational age	12 + 1
Method	CRL Robinson
Scan date	08/02/25
Crown rump length in mm	57
Nuchal translucency MoM	0.60
Nasal bone	present
Sonographer	N A
Qualifications in measuring NT	MD



Trisomy 13/18 + NT

The calculated risk for trisomy 13/18 (with nuchal translucency) is < 1:10000, which represents a low risk.

Trisomy 21

The calculated risk for Trisomy 21 (with nuchal translucency) is below the cut off, which indicates a low risk.
After the result of the Trisomy 21 test (with NT) it is expected that among more than 10000 women with the same data, there is one woman with a trisomy 21 pregnancy.
The calculated risk by PRISCA depends on the accuracy of the information provided by the referring physician.
Please note that risk calculations are statistical approaches and have no diagnostic value!
The patient combined risk presumes the NT measurement was done according to accepted guidelines (Prenat Diagn 18: 511-523 (1998)).
The laboratory can not be hold responsible for their impact on the risk assessment ! Calculated risks have no diagnostic value!

Sign of Physician

below cut off | Below Cut Off, but above Age Risk | above cut off