

DOUBLE MARKER - FIRST TRIMESTER

Basic Information

Name: SONIA DEVI Telephone: 8082626549 Gender: Female
 Weight: 55.00 Kg Birthdate: 11-02-2001 Age at EDD: 25.25 Year
 Race: Asian Sample NO.: 202511070002 GA calc method: Sampling date

Sample Info

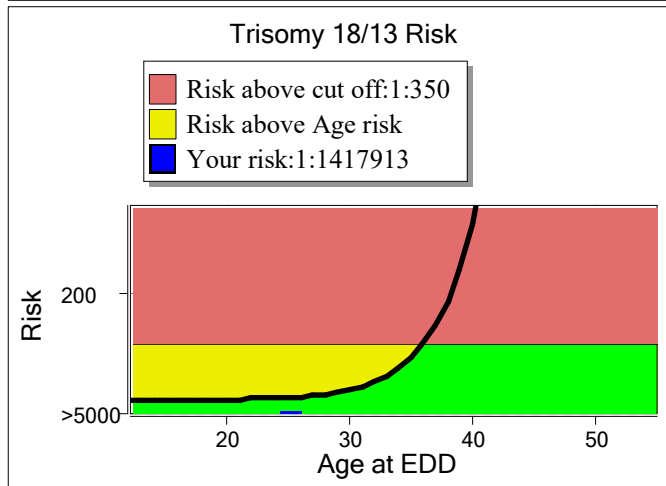
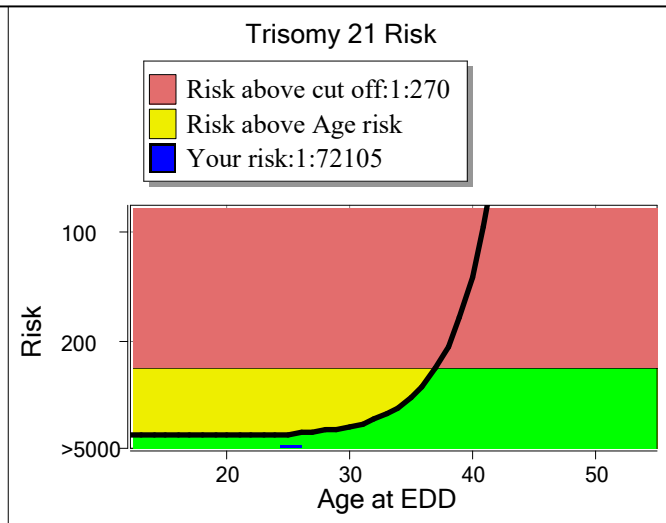
Twins: No Smoke: No Diabetes: No
 Sample Date: 07-11-2025 Scan Date: 07-11-2025 Sample GA: 13+1
 BDP: -- mm CRL length: 68.00 mm NT length: 1.00 mm

Test items

| NO. | Item abbr | Result | Unit | MOM | Reference range |
|-----|------------|----------------|-------|------|-----------------|
| 1 | PAPP-A | 8338.00 | mIU/L | 1.54 | |
| 2 | free-β-HCG | 22.50 | ng/ml | 0.69 | |
| 3 | NT | 1.00 | mm | 0.58 | |

Clinical advice

Age Risk 25.25
 Screening items: Trisomy 21
 Risk value: 1:72105
 Cut off value: (< 1:270)
 Diagnostic advice: Negative
 Screening items: Trisomy 18
 Risk value: 1:1417913
 Cut off value: (< 1:350)
 Diagnostic advice: Negative
 Screening items:
 Risk value:



Print date: 07-11-2025

Verifier: snibe

Note: *This report has 2 pages, please do not lose them.

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Basic Information

| | | | | | |
|---------|------------|---------------|--------------|---------------------|---------------|
| Name: | SONIA DEVI | Sample NO.: | 202511070002 | Age at EDD: | 25.25 Year |
| Weight: | 55.00 Kg | Birthdate: | 11-02-2001 | GA calc method: | Sampling date |
| IVF: | No | Previous T21: | No | Nasal bone: | Exist |
| LMP: | | Sender: | | Sending Department: | |

Clinical advice:

Trisomy 21 Low Risk!
Trisomy 18 Low Risk

Remark:

Gestational Week - Median Table

| Week | PAPP-A(mIU/L) | free-β-HCG(ng/ml) | |
|------|---------------|-------------------|--|
| 8+3 | 416.28 | 67.96 | |
| 9+3 | 759.76 | 72.05 | |
| 10+3 | 1401.43 | 56.16 | |
| 11+3 | 2341.28 | 41.76 | |
| 12+3 | 3579.31 | 33.26 | |
| 13+3 | 5115.52 | 27.60 | |

Advice and explanation

*The basic information on which the risk assessment of Down's syndrome is based in this report is provided when you visit the doctor. When you get this report, please first check whether your relevant information is correct. If there is any discrepancy, please contact your doctor in time, so as to feed back the correct information to us, correct the information, and obtain the correct report.

*Trisomy 21 or Trisomy 18/13 high risk and borderline risk require direct interventional prenatal diagnosis (through chorionic villi, amniotic fluid, umbilical cord blood and other fetal samples); for high risk of neural tube defect (NTD), please go to prenatal ultrasound diagnosis. Qualified hospitals were excluded with ultrasound.

*The low-risk screening results only indicate that your fetus has a low chance of having this congenital abnormality, and cannot completely rule out the possibility of this abnormality or other abnormalities. The doctor will follow your Risks and other conditions (whether you are older than 35 years old, whether you have had more than one child with other deformities, or have other diseases such as tumors) are comprehensively considered to suggest whether you need to take further examination to confirm the diagnosis.

*NTD risk is only calculated between 14-22 weeks of gestation.

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This report is only responsible for the tested samples, for reference by doctors, not as a diagnosis certificate