



Book a Test Online www.molq.in

Medical ID		<b>Prenatal Sc</b>	reen Report				
Medical ID			-				
			ate of Report 2016/3/26				
Basic Informat	tion		Ultrasonic Image				
Name	Mrs AMAN	DEEP KAUR	u-Gestational weeks	12	Week	2 Day	
Date of Birth 15/04		15/04/1984	Calculating Method		ByLMP		
Age 31		Date of Test	25/03/2016				
Weight(Kg)			BPD(mm)				
Race		Asian	CRL(mm)				
Number of Child		1		FALSE			
Smoke or not		FALSE			MoM	Cut-off	
			NT(mm)			<=2.5	
Serological tes	t						
Date of Test	2016/3/25		r-Gestational weeks	,	Week	Day	
Paramete		Unit	МоМ	Сі	ut-off		
f-B-HCC		ng/ml	1.15		=2.11		
PAPPA	9.65	mIU/L	2.39	>	>0.25		
	Risk of Age			1:484			
Risk	Risk of Trisomy 21		1:8036				
<b>H</b>	Risk of Trisomy 18		<'1:10000				
1:10 1:100 1:250 1:1000 1:10000 1:10000 13 15 17 19 2	the serological test and Ul doctor only. <b>Down Syndrome</b> The Down Syndrome rest value 1:600, while Down <b>Edward Syndrome</b> The Edward Syndrome re threshold value 1:600, wh risk.	ılt 1:8036 is Syndrome is sult <1:1000	less than t at low ris 0 is less th	he threshold k. nan the			