

\*Free Home Sample Collection 9999 778 778



Book a Test Online www.molq.in

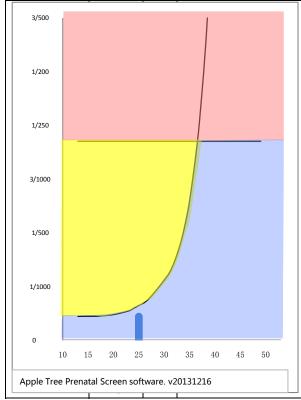
### **Prenatal Screen Report**

Medical ID	011711030008	Date of Report	2017-11-4

Basic Information		Ultrasonic In	nage			
Name	MRS. LEENA	u-Gestational v	weeks	Week	Day	
Date of Birth	10-11-92	Calculating Me	ethod	ByLMP		
Age	25	Date of Test				
Weight(Kg)	45	BPD(mm)				
Race	ASIAN	CRL(mm)				
Number of Child	1	Nasal Bone		F	FALSE	
Smoke or not	FALSE			МоМ	Cut-off	
		NT(mm)	1.6		<=2.5	

# Serological test

Date of Test 04-11-17 0.00		1-Gestational weeks 13 week 3 D			Day			
Paramet	ter Re	sult	Unit	МоМ	C	ut-off		
f-B-HC0	G 52	.27	ng/ml	0.96	<=2.11			
PAPPA	37	740	mIU/L	0.59	>0.25			
	Risk of A	lge			1:1538			
Risk of Trisomy 21			1:2267					
	Risk of Trisomy 18			1:58823				
	Risk of N	חדו						



Risks are calculated based on APPLETREE Database with the serological test and Ultrasonic image.
Reference to the doctor only.

#### **Down Syndrome**

The Down Syndrome result 1:2267 is less than the threshold value 1:250, while Down Syndrome is at low risk.

### **Edward Syndrome**

The Edward Syndrome result 1:58823 is less than the threshold value 1:100, while Edward Syndrome is at low risk.

## NTD