Patient 012112090032: KALAWATI

PATIENT ID:	LAST NAME:	FIRST NAME:	BIRTH DATE:
12112090032	**-**	**KALAWATI**	**11-09-1994**
ETHNICITY:	PHONE NO. 1:	ADDRESS 1:	CITY:
Asian	**-**	**-**	**-**

Pregnancy, Calculated EDD: 07/05/2022 (MAEDD: 27.65)

MAEDD:	CALCULATED EDD:	GEST. DATE:	SELECTED GEST. METHOD:
27.65	**07-05-2022**	**31-07-2021**	**EDD**
LMP DATE:	SMOKING STATUS:	INSULIN DEP. DIABETIC:	NO. OF FETUSES:
23-07-2021	**Non smoker**	**No**	**1**
MONOZYGOUS:	CHORIONICITY:		
No	**-**		
HEIGHT [CM]:	MATERNAL WEIGHT [KG]:	DIABETES TYPE II:	INSULIN TREATMENT FOR TYPE II DIABETES:
-	**75.0**	**No**	**-**
CONCEPTION METHOD:	MOTHER OF PATIENT HAD PRE-ECLAMPSIA:	CHRONIC HYPERTENSION:	SYSTEMIC LUPUS ERYTHEMATOSUS:
Spontaneous	**-**	**-**	**-**
	PAST NO OF PREGNANCIES ≥24 WEEKS:	PREV. PREG. PRE-ECLAMPSIA:	
	-	**-**	
ASSISTANCE METHOD:	TRANSFER DATE:	EGG EXTRACTION DATE:	EGG DONOR DOB:
-	**-**	**-**	**-**
AGE AT EXTRACTION:	PAST T21 - DOWN'S SYNDROME:	PAST T18 - EDWARDS' SYNDROME:	PAST T13 - PATAU'S SYNDROME:
-	**No**	**No**	**No**
RISK ASSESSED:	SCREENING PROTOCOL:		
At term	**Screening_4.0**		

Ultrasound

SCAN DATE:	CRL:	BPD:	HC:
06-12-2021	**-**	**-**	**-**
GEST. AT ULTRASOUND DATE (W + D)	CRL (#2):	BPD (#2):	HC (#2):
18 w 2 d	**-**	**-**	**-**
GEST. AT MANUAL ENTRY (W + D):	WEIGHT [KG]:		
0 w 0 d	**75.0**		

Tests

TEST	SAMPLE ID	DATE	GEST. AT SAMPLE DATE (W + D)	VALUE	UNIT	CORR. MOM	WEIGHT [KG]
AFP	**12112090032**	**09-12-2021**	**18 w 5 d**	**29.9**	**U/mL**	**0.79**	**75.0**
hCGb	**12112090032**	**09-12-2021**	**18 w 5 d**	**8.86**	**ng/mL**	**1.13**	**75.0**
INHIBIN	**12112090032**	**09-12-2021**	**18 w 5 d**	**227.56**	**pg/mL**	**0.94**	**75.0**
UE3UPD	**12112090032**	**09-12-2021**	**18 w 5 d**	**6.86**	**nmol/L**	**1.10**	**75.0**

Risks, Risk assessed: At term

RISK NAME:	RISK RESULT:	RISK:	TWIN RISK RESULT:	TWIN RISK:	AGE RISK:	CUT-OFF:
T21	**Low**	**1:5323**	**-**	**-**	**1:1196**	**1:250**
T18	**Low**	**1:100000**	**-**	**-**	**1:10764**	**1:100**
T13	**Low**	**1:100000**	**-**	**-**	**1:32326**	**1:100**
NTD	**Low**	**-**	**-**	**-**	**-**	**2.5**
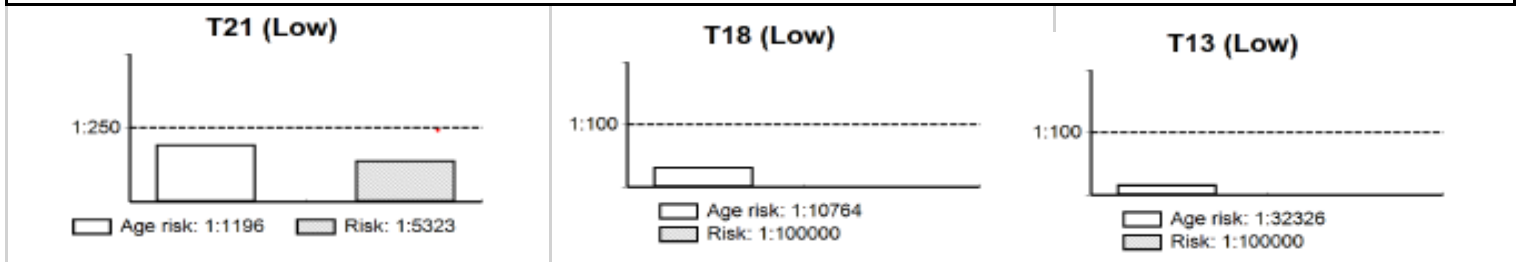
PLEASE NOTE:

This interpretation assumes that patient and specimen details are accurate and correct. In all cases where an assessment of increased risk is based on LMP dates, the gestational age must be confirmed by ultrasound before further action is taken.

It must be clearly understood that the results represent risks and not diagnostic outcomes. Increased risk does not mean that the baby is affected, and further tests must be performed before a firm diagnosis can be made. A low risk result does not exclude the possibility of Down's syndrome or other abnormalities, as the risk assessment does not detect all affected pregnancies. The company strongly recommends that only NT values from qualified experts are utilized to provide a 1st trimester risk. These results were analyzed with LifeCycle software from PerkinElmer Life and Analytical Sciences.