

Patient 012112090033: SONAM

PATIENT ID: 12112090033	LAST NAME: -	FIRST NAME: SONAM	BIRTH DATE: 02/07/1992
ETHNICITY: Asian	PHONE NO. 1: -	ADDRESS 1: -	CITY: -

Pregnancy, Calculated EDD: 07/06/2022 (MAEDD: 29.93)

MAEDD: 29.93	CALCULATED EDD: 06/07/2022	GEST. DATE: 31/08/2021	SELECTED GEST. METHOD: CRL
LMP DATE: 19/08/2021	SMOKING STATUS: Non smoker	INSULIN DEP. DIABETIC: No	NO. OF FETUSES: 1
MONOZYGOUS: No	CHORIONICITY: -	DIABETES TYPE II: No	INSULIN TREATMENT FOR TYPE DIABETES: -
HEIGHT [CM]: -	MATERNAL WEIGHT [KG]: 64.4	CHRONIC HYPERTENSION: -	SYSTEMIC LUPUS ERYTHEMATOSUS: -
CONCEPTION METHOD: Spontaneous	MOTHER OF PATIENT HAD PRE-ECLAMPSIA: -	PREV. PREG. PRE-ECLAMPSIA: -	
ASSISTANCE METHOD: -	PAST NO. OF PREGNANCIES ≥ 24 WEEKS: -	EGG EXTRACTION DATE: -	EGG DONOR DOB: -
AGE AT EXTRACTION: -	TRANSFER DATE: -	PAST T18 - EDWARDS' SYNDROME: No	PAST T13 - PATAU'S SYNDROME: ..
RISK ASSESSED: At term	SCREENING PROTOCOL: Screening_4.0		

Ultrasound

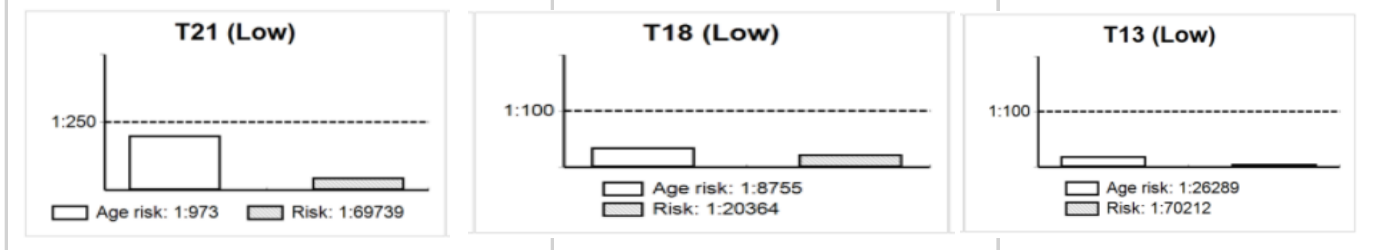
SCAN DATE: 7/12/2021	CRL: 81.97	BPD: -	HC: -
GEST. AT ULTRASOUND DATE (W + D) 14 w 0 d	CRL (#2): -	BPD (#2): -	HC (#2): -
GEST. AT MANUAL ENTRY (W + D): 0 w 0 d	WEIGHT [KG]: 64.4		

Tests

TEST	SAMPLE ID	DATE	GEST. AT SAMPLE DATE	VALUE	UNIT	CORR. MOM	WEIGHT [KG]
AFP	12112090033	09/12/2021	14 w 2 d	23.6	U/mL	1.19	64.4
hCGb	12112090033	09/12/2021	14 w 2 d	7.76	ng/mL	0.32	64.4
INHIBIN	12112090033	09/12/2021	14 w 2 d	168.71	pg/mL	0.57	64.4
UE3UPD	12112090033	09/12/2021	14 w 2 d	2.22	nmol/L	1.29	64.4

Risks, Risk assessed: At term

RISK NAME: T21	RISK RESULT: Low	RISK: 1:69739	TWIN RISK RESULT: -	TWIN RISK: -	AGE RISK: 1:973	CUT-OFF: 1:250
RISK NAME: T18	RISK RESULT: Low	RISK: 1:20364	TWIN RISK RESULT: -	TWIN RISK: -	AGE RISK: 1:8755	CUT-OFF: 1:100
RISK NAME: T13	RISK RESULT: Low	RISK: 1:70212	TWIN RISK RESULT: -	TWIN RISK: -	AGE RISK: 1:26289	CUT-OFF: 1:100
RISK NAME: NTD	RISK RESULT: Low	RISK: -	TWIN RISK RESULT: -	TWIN RISK: -	AGE RISK: -	CUT-OFF: 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.