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 Date of Report
 22/1/2022

 PRISCA
 5.1.0.17

					PRISCA	5.1.0.17	
Patient Data							
Name	MRS RAJBALA W/O KASHMIR				Patient ID	012201190015	
Birthday	20/06/1991				Sample ID	11307504	
Age at delivery	31.1				Sample Date	20/01/2022	
Correction factors							
Fetuses	1	IVF		unknown	Previous trisomy 21	unknown	
Weight in kg	61.8	Diabetes		unknown	Pregnancies	unknown	
Smoker	Unknown	Origin		Asian			
Biochemical Data			Risks at sampling date				
Parameter	Value	Co	rr MoM	Age Risk		1:884	
AFP	22.9 r	ng/ml	0.87	Trisomy 21 ris	sk	1:1560	
uE3	0.32 r	ng/ml	1.31	Combined trisomy 21 risk		1:6840	
hCG	63875.2 r	mIU/ml	1.42	Trisomy 18		<1:10000	
Ultrasound Data				Down's Syndr	ome Risk (Trisomy 2	1 Screening)	
Gestational age	1	14+1			The calculated risk for Trisomy 21 is below the cut off which indicates a low risk.		
Method	1	BPD (<>Hadlock)		After the result of the Trisomy 21 test it is expected			
	, , ,			that among 6840 women with the same data, there is one woman with a trisomy 21 pregnancy and 6839			
D. I					trisomy 21 pregnancy ot affected pregnancie		
Risk				The calculated risk by PRISCA depends on the accuracy of the			
1:10				_	•	g physician. Please note that	
				diagnostic valu	-	oproaches and have no	
				diagnosae vara			
1: 00		/					
1: 2 50			Cut off	Trisomy 18			
				Trisority 10			
1:1 <mark>000</mark>				The calculated risk for Trisomy 18 is <1:10000, which			
				indicates a low	v risk Defect (NTD) Screen	ing	
1:10000				recurat Tube	Defect (141D) befeeti	mg .	

The laboratory can not be held responsible for their impact on the risk assessment! Calculated value has no diagnostic value!

13 15 17 19 21 23 25 27 29 31 33 35 37 39 41 43 45 47 49

area for neural tube defects.

The corrected MoM for AFP (0.87) is located in the low risk