

Risk Above Cut Off

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Risk below Age risk

 Date of Report
 25/2/2022

 PRISCA
 5.2.0.13

| Patient Data | | | | | | |
|--|--------|----------|------------------------|--|---------------------|------------------|
| Name MRS. VEERPAL | | | | Patient ID | | 012202240027 |
| Birthday 2/3/199 | | | 2/3/1991 | Sample ID 11242859 | | |
| Age at term 31 | | | Sample Date 24/02.2022 | | | |
| Gestational age 13+6 | | | | | | |
| Correction factors | | | | | | |
| Fetuses | 1 1 | IVF | | unknown | Previous trisomy 21 | unknown |
| Weight in kg | 57 | Diabetes | | NO | Pregnancies | unknown |
| Smoker | NO | Origin | | Asian | | |
| Biochemical Data | | | | Ultrasound Data | | |
| Parameter | Value | | Corr Mom | Gestational age | | 13+5 |
| PAPP-A | 3.87 r | mIU/ml | 0.52 | Method | | CRL (<>Robinson) |
| fb-hCG | 18.5 r | ng/ml | 0.45 | Scan date | | 23/2/2022 |
| Risks at sampling date | | | | Nuchal translucency 1.5 | | |
| Age Risk | | | 1:593 | Nuchal translucency MoM | | 0.79 |
| Biochemical T21 risk | | | 1:3882 | Nasal Bone Preso | | Present |
| Combined T21 risk | | | <1:10000 | | | |
| Trisomy 13/18+NT | | | <1:10000 | | | |
| Risk | | | | Down's Syndrome Risk (Trisomy 21 Screening) | | |
| Risk 1:10 | | | | The calculated risk for Trisomy 21 (with NT) is below the cut off, which represents a low risk. | | |
| | | | | | | |
| 1:100 1:1000 1:1000 1:10000 13 15 17 19 21 23 25 27 29 31 33 35 37 39 41 43 45 47 49 Age Trisomy 13/18+NT The calculated risk for Trisomy 13/18 with NT is <1:10000, which indicates a low risk | | | | After the result of the Trisomy 21 test it is expected that among more than 10000 women with the same data, there is one woman with a trisomy 21 pregnancy and 9999 women with not affected pregnancies. The calculated risk by PRISCA depends on the accuracy of the information provided by the referring physician. Please note that the risk calculations are statistical aapproaches and have no diagnostic value! The laboratory cannot be hold responsible for their impact on the risk assessment! Calculated risks have no diagnostic values | | |
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