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| | | | | | Date of Report PRISCA | 19/4/2022 5.1.0.17 |
|--|---------------------|----------------|-------------------------|--|--------------------------|--------------------------|
| Patient Data | Value | | | | | |
| Name | MRS. PARTHAVI SAR | | | 2 | Patient ID | 052204180006 |
| Birthday | 23/06/95 | | | 5 | Sample ID | 11393399 |
| Age at delivery | 27.2 | | | 2 | Sample Date | 18/04/2022 |
| Correction factors | | | | | | |
| Fetuses | 1 | IVF | | unknown | Previous trisomy 21 | unknown |
| Weight in kg | 55 | Diabetes | | NO | Pregnancies | unknown |
| Smoker | NO | Origin | | Asian | | |
| Biochemical Data | | | | Risks at sampling date | | |
| Parameter | Value | Co | orr MoM | Age Risk | | 1:1231 |
| AFP | 45.2 | ng/ml | 0.73 | Biochemical T | risomy 21 Risk | 1:1054 |
| uE3 | 1.65 ng/ml 1.15 | | Neural Tube Defect Risk | | Low risk area | |
| hCG | 47471.5 mIU/ml 2.28 | | Trisomy 18 | | <1:10000 | |
| Inhibin | 297.2 | IU/ml | 1.27 | | | |
| Ultrasound Data | | | | Down's Syndrome Risk (Trisomy 21 Screening) | | |
| Gestational age | 19+1 | | | The calculated risk for Trisomy 21 is below the cut off which represents a low risk. | | |
| Method | BPD (<>Hadlock) | | | After the result of the Trisomy 21 test it is expected that | | |
| | | | | 0 | | data, there is one woman |
| Risk | | | | with a trisomy 21 pregnancy and 1053 women with not affected pregnancies. | | |
| Risk 1:10 | | | | 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 diagno | ostic value! | |
| 1:100 | | | | | | |
| | | | toff | Trisomy 18 | | |
| 1:250 | | | OIT | | | |
| 1:1000 | | | | The calculated risk for Trisomy 18 is <1:10000, which indicates a low risk | | |
| | | | | Neural Tube Defect (NTD) Screening | | |
| 1:10 <mark>000</mark> | | | | | | |
| 13 15 17 19 21 23 25 27 29 31 33 35 37 39 41 43 45 47 49 Age | | | | The corrected MoM for AFP (0.73) is located in the low risk area for neural tube defects. | | |
| The laboratory can | not be held resp | oonsible for t | heir impact | | | alue has no diagnostic |

value!