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Date of Report 28/4/2022 PRISCA 5.1.0.17

					PRISCA	5.1.0.17		
Patient Data								
Name	MRS. RINKI			I	Patient ID	012204280187		
Birthday	5/7/1998			3	Sample ID	10907966		
Age at delivery	24.03			3	Sample Date	28/04/2022		
Correction factors								
Fetuses	1	IVF		unknown	Previous trisomy 21	unknown		
Weight in kg	55	Diabetes		unknown	Pregnancies	unknown		
Smoker	Unknown	Origin		Asian				
Biochemical Data				Risks at sampling date				
Parameter	Value	Co	отт МоМ	Age Risk		1:1365		
AFP	37.2 1	ng/ml	0.83	Trisomy 21 ris	sk	<1:10000		
uE3	1.74 ı	ng/ml	1.38	Neural tube de	efects risk	<1:10000		
hCG	13913.8 1	mIU/ml	0.48	Trisomy 18		<1:10000		
Ultrasound Data				Down's Syndre	ome Risk (Trisomy 21	Screening)		
WOP	17+0			The calculated risk for Trisomy 21 is below the cut off which indicates a low risk.				
Method	Method BPD (<>Hadlock)			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 pregn	ancy and 9999		
Risk					ot affected pregnancies.			
1:10				The calculated risk by PRISCA depends on the accuracy of the information provided by the referring physician. Please note that				
1:10				the risk calculations are statistical aapproaches and have no				
				diagnostic valu	e:			
1: 00		/						
1:250			Out off	Trisomy 18				
1:1 <mark>000</mark>					The calculated risk for Trisomy 18 is <1:10000, which indicates a low risk			
1:10000					Defect (NTD) Screenir	ng		
	25 27 29 31 33 3							
10 10 11 10 21 20 1			Age	The corrected	MoM for AFP (0.83)	is located in the low risk		

area for neural tube defects.

Age

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