Date of Report 12/5/2022 PRISCA 5.1.0.17

					PRISCA	5.1.0.17	
Patient Data	Value						
Name	MRS. PA	MI KUM	ARI SINGE	I	Patient ID	052205110016	
Birthday		1/1/1986			Sample ID	11464942	
Age at delivery	36.08				Sample Date	11/05/2022	
Correction factors							
Fetuses	1	IVF		unknown	Previous trisomy 21	unknown	
Weight in kg	52	Diabete	s	NO	Pregnancies	unknown	
Smoker	NO	Origin		Asian			
Biochemical Data				Risks at sampl	ing date		
Parameter	Value	C	orr MoM	Age Risk	-	1:288	
AFP	32.8 1	ng/ml	0.58	Biochemical T	risomy 21 Risk	1:355	
uE3	1.54 1	ng/ml	1.25	Neural Tube I	Defect Risk	Low risk area	
hCG	32178.5 1	mIU/ml	1.32	Trisomy 18		<1:10000	
Inhibin	278.3 1	IU/ml	1.2				
Ultrasound Data				Down's Syndre	ome Risk (Trisomy 2	21 Screening)	
Gestational age	]	18+2			l risk for Trisomy 21	is below the cut off	
Method	BPD (<>Hadlock)			which represents a low risk. After the result of the Trisomy 21 test it is expected that			
-		`	- ,	among 355 wo	men with the same d	ata, there is one woman	
Risk				with a trisomy pregnancies.	21 pregnancy and 354	4 women with not affected	
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		mstear aapproacties and	
		/	<b>/</b>				
1:100							
1:250		/ a	t off	Trisomy 18			
				The calculated	The calculated risk for Trisomy 18 is <1:10000, which		
1:1 <mark>000</mark>				indicates a low risk Neural Tube Defect (NTD) Screening			
				Neural Tube I	Defect (NTD) Screen	ning	
1:10000			السسا	The corrected	MoM for AFP (0.58	3) is located in the low	
13 15 17 19 21 23	25 27 29 31 33 35				eural tube defects.	1 1 1' ''	

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