Date of Report
 04/08/2022

 PRISCA
 5.1.0.17

					PRISCA	5.1.0.17	
Patient Data	Value						
Name	MI	RS. NIBED	ITA BARIK	3	Patient ID	052208030028	
Birthday	18/09/1987			7	Sample ID	11561567	
Age at delivery	35.02			2	Sample Date	03/08/2022	
Correction factors	S						
Fetuses	1	IVF		unknown	Previous trisomy 21	unknown	
Weight in kg	67	Diabete	es	NO	Pregnancies	unknown	
Smoker	NO	Origin		Asian			
Biochemical Data	L			Risks at sampl	ling date		
Parameter	Value	(Corr MoM	Age Risk		1:406	
AFP	43.9	ng/ml	0.68	Biochemical T	Crisomy 21 Risk	1:583	
uE3	1.92	ng/ml	1.11	Neural Tube I	Defect R isk	Low risk area	
hCG	13475.3	mIU/ml	0.82	Trisomy 18		<1:10000	
Inhibin	278.3	IU/ml	1.67				
Ultrasound Data				Down's Syndr	ome Risk (Trisomy 2	21 Screening)	
Gestational age	ge 20+4			The calculated 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				
		·	,	_		ata, there is one woman	
Risk				pregnancies.	21 pregnancy and 58	2 women with not affected	
Risk 1:10				The calculated risk by PRISCA depends on the accuracy of			
1.10					isk calculations are sta	erring physician. Please atistical aapproaches and	
1:100				nave no diagno	osue value.		
1:250			ut off	Trisomy 18			
				The calculated	The calculated risk for Trisomy 18 is <1:10000, which		
1:1000				indicates a low risk			
1:10000				Neural Tube	Defect (NTD) Screer	ning	
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 (0.68) is located in the low risk area for neural tube defects.		
TCL 1.1	. 1 1 1 1	71.1.6	.1	pisk area for n	eurai 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!