

Risk Above Cut Off

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Date of Report

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Risk below Age risk

10-03-2024

Patient Data						PRISCA	5.2.0.13		
Name MRS. ANANYA Patient ID 12403080 Birthday 0.5-08-1992 Sample ID 11804 Age at delivery 32.1 Sample Date 08-03-2 Correction factors Fetuses 1 IVF unknown Previous trisomy 21 unknown Pregnancies unknown P	Patient Data					TRISCA	3,2,0,10		
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Weight in kg Smoker Unknown Diabetes Unknown Biochemical Data Parameter Value Corr MoM AFP 15.1 ng/ml 0.59 Trisomy 21 risk 1:1638 Neural tube defects risk 1:10000 Ultrasound Data Gestational age 13+5 Method CRL measurements Risk 1:1000 Risk The calculated risk for Trisomy 21 regnancy and 9949 women with a trisomy 21 pregnancy and 9949 women with a trisomy 21 pregnancy and 9949 women with a trisomy 21 pregnancy and 9949 women with the risk calculated risk by PRISCA depends on the accuracy of information provided by the referring physician. Please note that the risk calculations are statistical aapproaches and have diagnostic value! The calculated risk for Trisomy 18 is <1:10000, which indicates a low risk. The calculated risk for Trisomy 18 is <1:10000, which indicates a low risk. The calculated risk for Trisomy 18 is <1:10000, which indicates a low risk. The calculated risk for Trisomy 18 is <1:10000, which indicates a low risk. The calculated risk for Trisomy 18 is <1:10000, which indicates a low risk. Neural Tube Defect (NTD) Screening	Correction factors								
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Risk at sampling date Parameter Value Corr MoM Age Risk 1:730	Weight in kg	63.9	Diabetes		unknown	Pregnancies	unknown		
Parameter Value Corr MoM Age Risk 1:730 AFP	Smoker	Unknown	Origin		Asian				
Parameter Value Corr MoM AFP 15.1 ng/ml 0.59 uE3 0.38 ng/ml 1.16 hCG 34432.5 mIU/ml 0.84 Ultrasound Data Gestational age 13+5 Method CRL measurements Risk 1:10 Risk 1:10 Cut off Trisomy 18 Age Risk 1:730 Trisomy 21 risk 1:1638 Neural tube defects risk <1:10000 Trisomy 18 <1:10000 Ultrasound Data Down's Syndrome Risk (Trisomy 21 Screening) The calculated risk for Trisomy 21 is below the cut off which indicates a low risk. After the result of the Trisomy 21 test it is expected that among more than 9950 women with the same data, there is one woman with a trisomy 21 pregnancy and 9949 women with not affected pregnancies. The calculated risk by PRISCA depends on the accuracy of information provided by the referring physician. Please note that the risk calculations are statistical aapproaches and have diagnostic value! Trisomy 18 The calculated risk for Trisomy 18 is <1:10000, which indicates a low risk Neural Tube Defect (NTD) Screening	Biochemical Data				Risks at samp	ling date			
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Ultrasound Data Gestational age 13+5 Method CRL measurements Risk 1:10 Risk 1:100 Cut off Trisomy 18 Cut off Trisomy 18 The calculated risk for Trisomy 21 is below the cut off which indicates a low risk. After the result of the Trisomy 21 test it is expected that among more than 9950 women with the same data, there is one woman with a trisomy 21 pregnancy and 9949 women with not affected pregnancies. The calculated risk by PRISCA depends on the accuracy of information provided by the referring physician. Please note that the risk calculations are statistical aapproaches and have diagnostic value! Trisomy 18 The calculated risk for Trisomy 18 is <1:10000, which indicates a low risk Neural Tube Defect (NTD) Screening	uE3	0.38	ng/ml	1.16	Neural tube de	efects risk	<1:10000		
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The calculated risk by PRISCA depends on the accuracy of information provided by the referring physician. Please note that the risk calculations are statistical aapproaches and have diagnostic value! Trisomy 18 The calculated risk for Trisomy 18 is <1:10000, which indicates a low risk Neural Tube Defect (NTD) Screening	Method	5				which indicates a low risk. After the result of the Trisomy 21 test it is expected that among more than 9950 women with the same data, there is one woman with a trisomy 21 pregnancy and 9949 women with not affected pregnancies.			
The calculated risk for Trisomy 18 is <1:10000, which indicates a low risk Neural Tube Defect (NTD) Screening	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 diagnostic value!				
1:1000 indicates a low risk Neural Tube Defect (NTD) Screening	1:250			Cut off	Trisomy 18				
	1:1000				indicates a low risk				
The corrected MoM for AFP (0.59) is located in the low risk area for neural tube defects. The laboratory can not be held responsible for their impact on the risk assessment! Calculated value has no diagnostic value!	The laboratory can i				The corrected risk area for n	l MoM for AFP (0.59 neural tube defects.) is located in the low		

Risk above Age Risk