

The calculated risk for Trisomy 13/18 (with NT) is <1:10000,

which indicates a low risk

*Free Home Sample Collection 9999 778 778



risk assessment! Calculated risks have no diagnostic values

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Date of Report 19-06-2024 PRISCA 5.2.0.13

				PRISCA	5.2.0.13
Patient Data					
Name	MRS. EKTA W	//O SHARAD	Patient ID		12406150152
Birthday	18-02-1989		Sample ID		11893060
Age at Sample date		35.3	Sample Date		15-06-2024
Gestational age		13+6			
Correction factors					
Fetuses	1 IVF		unknown	Previous trisomy 21	unknown
Weight in kg	40.5 Diabetes		NO	Pregnancies	unknown
Smoker	NO Origin		Asian		
Biochemical Data			Ultrasound Data		
Parameter	Value	Corr Mom	Gestational age	2	13+4
PAPP-A	7.8 mIU/ml	0.57	Method		CRL (<>Robinson)
fb-hCG	41.4 ng/ml	1.44	Scan date		13-06-2024
Risks at sampling date			Crown rump length in mm 75.4		
Age Risk	1:266		Nuchal translucency MoM		0.81
Biochemical T21 risk	1:191		Nasal bone		PRESENT
Combined trisomy 21 risk		1:1148	Sonographer		DR.
Trisomy 13/18 + NT		<1:10000	Qualifications	in measuring NT	MBBS
Risk			Down's Syndr	ome Risk (Trisomy 21	Screening)
1:10 1:100 1:250 Cut off			The calculated risk for Trisomy 21(with NT) is below the cut off, which represents a low risk. After the result of the Trisomy 21 test (with NT) it is expected that among 1148 women with the same data, there is one woman with a trisomy 21 pregnancy and 1147 women with not affected pregnancies.		
1:1000 1:10000 13 15 17 19 21 23 25 23 Trisomy 13/18+NT The calculated risk for Triso		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! The patient combined risk presumes that NT measurement was done according to accepted guidelines (Prenat Diagn 18:511-523; 1998). The laboratory cannot be hold responsible for their impact on the			