

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

which indicates a low risk

*Free Home Sample Collection 9999 778 778



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Date of Report 19-06-2024

risk assessment! Calculated risks have no diagnostic values

				PRISCA	5.2.0.13
Patient Data					
Name	MRS. POOJA W	O MANISH	Patient ID		12406180222
Birthday		14-07-1992	Sample ID		11893039
Age at Sample date		31.9	Sample Date		18-06-2024
Gestational age		13+1			
Correction factors					
Fetuses	1 IVF		unknown	Previous trisomy 21	unknown
Weight in kg	58 Diabetes		NO	Pregnancies	unknown
Smoker	NO Origin		Asian		
Biochemical Data			Ultrasound Data		
Parameter	Value	Corr Mom	Gestational ago	e	13+1
PAPP-A	8.8 mIU/ml	1.24	Method		CRL (<>Robinson)
fb-hCG	115.1 ng/ml	3 . 63	Scan date		18-06-2024
Risks at sampling date			Crown rump l	ength in mm	68.2
Age Risk		1:501	Nuchal translu	icency MoM	1.28
Biochemical T21 risk		1:189	Nasal bone		PRESENT
Combined trisomy 21 risk		1:291	Sonographer		DR.VIKASH
Trisomy 13/18 + NT		<1:10000	Qualifications	in measuring NT	MD
Risk			Down's Syndrome Risk (Trisomy 21 Screening)		
1:10 1:100 1:250 1:1000		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 291 women with the same data, there is one woman with a trisomy 21 pregnancy and 290 women with not affected pregnancies. The free beta HCG level is high 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;		
13 15 17 19 21 23 25 27 Trisomy 13/18+NT	20 01 00 00 01 00	71 70 70 41 49	1998). The laboratory	cannot be hold responsible	e for their impact on the
FFN 1 1 1 1 1 0 FFN 1	10/10 / 11 3 777		THE INDUINIOLY	ramor or nord responsible	Tor their impact on the