

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 04-07-2024 PRISCA 5.2.0.13

				PRISCA	5.2.0.13
Patient Data					
Name	MRS. KARPAGAVALLI		Patient ID		12407030095
Birthday		23-05-1995			11860872
Age at Sample date 29.1			Sample Date		03-07-2024
Gestational age		11+5			
Correction factors					
Fetuses	1 IVF		unknown	Previous trisomy 21	unknown
Weight in kg	61 Diabetes		NO	Pregnancies	unknown
Smoker	NO Origin		Asian		
Biochemical Data			Ultrasound Data		
Parameter	Value	Corr Mom	Gestational ago	e	11+4
PAPP-A	3.6 mIU/ml	0.94	Method		CRL (<>Robinson)
fb-hCG	49.2 ng/ml	1.08	Scan date		02-07-2024
Risks at sampling date			Crown rump length in mm 53.2		
ge Risk 1:693		1:693	Nuchal translucency MoM 0.		0.85
Biochemical T21 risk		1:3164	Nasal bone PRESI		PRESENT
Combined trisomy 21 risl	k	<1:10000	Sonographer		DR.DEEPIKA
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 1:1000 1:1000	27 29 31 33 35 37 39	Cut off 41 43 45 47 49	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 more than 10000 women with the same data, there is one woman with a trisomy 21 pregnancy.  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).		
Trisomy 13/18+NT The calculated risk for Tris	omy 19/19 (with NT)	in <1.10000		cannot be hold responsible	le for their impact on the