

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 07-07-2024 PRISCA 5.2.0.13

			PRISCA	5.2.0.13
Name IRS. DURGA SAINI W/O DEEPAK				12407060119
Birthday 24-02-1995				11868500
ge at Sample date 29.4				06-07-2024
		_		
1 IVF		unknown	Previous trisomy 21	unknown
85.4 Diabete	es.		1	unknown
				G
NOTORIGIT			ata	
Value	Corr Mom			12+2
		Ī		CRL (<>Robinson)
19.5 ng/ml	0.56	Scan date		05-07-2024
Risks at sampling date		Crown rump length in mm 57.5		
1:693		Nuchal translucency MoM 1.1		1.13
ochemical T21 risk <1:10000		Nasal bone		PRESENT
sk	<1:10000	Sonographer		DR. Vikash
	<1:10000	Qualifications	in measuring NT	MD
		Down's Syndr	ome Risk (Trisomy 21	Screening)
	Cutoff	cut off, which After the result of expected that an	represents a low risk. of the Trisomy 21 test (with	th NT) it is omen with the same data,
27 29 31 33 35 37 3	9 41 43 45 47 4	information pro the risk calculati diagnostic value The patient con done according 1998).	vided by the referring phy ons are statistical aapproad! hbined risk presumes that to accepted guidelines (Pr	rsician. Please note that ches and have no NT measurement was renat Diagn 18:511-523;
	1 IVF 85.4 Diabete NO Origin Value 4.8 mIU/m 19.5 ng/ml	24-02-1998 29.4 12+3	NO Origin Asian Value Corr Mom 4.8 mIU/ml 1.41 Method 19.5 ng/ml 0.56 Scan date Crown rump le 1:693 Nuchal translute (1:10000 Nasal bone) sk <1:10000 Sonographer (1:10000 Qualifications) Down's Syndr The calculated respected that are there is one work (1:10000 the risk calculated information prothe risk calculated diagnostic value) The patient condone according (1998).	S. DURGA SAINI W/O DEEPAK 24-02-1995 29.4 12+3 1 IVF unknown Previous trisomy 21 Pregnancies NO Origin Asian Ultrasound Data Value Corr Mom 4.8 mIU/ml 1.41 19.5 ng/ml 0.56 Crown rump length in mm Nuchal translucency MoM 41:10000 Sk 41:10000 Sk 41:10000 Sk 41:10000 Syndrome Risk (Trisomy 21 The calculated risk by PRISCA depends information provided by the referring phy the risk calculations are statistical aapproadingnostic value! The patient combined risk presumes that done according to accepted guidelines (Preparent of the presumes that done according to accepted guidelines (Preparent of the patient combined risk presumes that done according to accepted guidelines (Preparent of the patient combined risk presumes that done according to accepted guidelines (Preparent of the patient combined risk presumes that done according to accepted guidelines (Preparent of the patient combined risk presumes that done according to accepted guidelines (Preparent of the patient combined risk presumes that done according to accepted guidelines (Preparent of the patient combined risk presumes that done according to accepted guidelines (Preparent of the patient combined risk presumes that done according to accepted guidelines (Preparent of the patient combined risk presumes that done according to accepted guidelines (Preparent of the patient combined risk presumes that done according to accepted guidelines (Preparent of the patient combined risk presumes that done according to accepted guidelines (Preparent of the patient combined risk presumes that done according to accepted guidelines (Preparent of the patient combined risk presumes that done according to accepted guidelines (Preparent of the patient combined risk presumes that done according to accepted guidelines (Preparent of the patient combined risk presumes that done according to accepted guidelines (Preparent of the patient combined risk presumes that done according to accepted guidelines (Preparent of the patient combined risk presumes that done according to accepte