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				Date of Report PRISCA	11-07-2024 5.2.0.13
Patient Data					
Name MRS. JYOTI			Patient ID		12407090182
Birthday		23-11-1991	Sample ID		11869956
Age at Sample date	ge at Sample date 32.6		Sample Date		09-07-2024
Gestational age 12+4					
Correction factors					
Fetuses	1 IVF		unknown	Previous trisomy 21	unknown
Weight in kg	48 Diabetes		NO	Pregnancies	unknown
Smoker	NO Origin		Asian		
Biochemical Data			Ultrasound Data		
Parameter	Value	Corr Mom	Gestational ag	e	12+3
PAPP-A	6.1 mIU/ml	0.85	Method		CRL (<>Robinson)
fb-hCG	89.6 ng/ml	2.24	Scan date		08-07-2024
Risks at sampling date			Crown rump length in mm 58.		
Age Risk 1:436		Nuchal translucency MoM 0.59			
Biochemical T21 risk	risk 1:273		Nasal bone I		PRESENT
Combined trisomy 21 risk 1:1583		Sonographer DI			
Trisomy 13/18 + NT		<1:10000	Qualifications	in measuring NT	MBBS
Risk 1:10			Down's Syndrome Risk (Trisomy 21 Screening)		
1:100 Cut off   1:250 Cut off   1:100 affect   1:100 the right   1:1000 the right   1:10000 the right <td colspan="2">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 amog 1583 women with the same data, there is one woman with a trisomy 21 pregnancy and 1582 women with not affected pregnancies. The calculated risk by PRISCA depends on the accuracy of the nformation provided by the referring physician. Please note that he 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 risk assessment! Calculated risks have no diagnostic values</td>				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 amog 1583 women with the same data, there is one woman with a trisomy 21 pregnancy and 1582 women with not affected pregnancies. The calculated risk by PRISCA depends on the accuracy of the nformation provided by the referring physician. Please note that he 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 risk assessment! Calculated risks have no diagnostic values	
which indicates a low risk	,	risk assessment!	isk assessment: Calculated fisks have no diagnosue values		



Risk Above Cut Off

