

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

which indicates a low risk

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Date of Report 05-08-2024

risk assessment! Calculated risks have no diagnostic values

					Date of Report	03-08-2024
					PRISCA	5.2.0.13
Patient Data						
Name	M	RS. SHII	KHA DAYAL	Patient ID		12408040046
Birthday			12-03-1986	Sample ID		11896381
Age at Sample date			38.4	Sample Date		04-08-2024
Gestational age			12+2			
Correction factors						
Fetuses	1	IVF		unknown	Previous trisomy 21	unknown
Weight in kg	72	Diabetes		NO	Pregnancies	unknown
Smoker	NO	Origin		Asian		
Biochemical Data				Ultrasound Data		
Parameter	Value		Corr Mom	Gestational age	e	12+1
PAPP-A	3.84	mIU/ml	0.97	Method		CRL (<>Robinson)
fb-hCG		ng/ml	0.7	Scan date		03-08-2024
Risks at sampling date				Crown rump l	ength in mm	56.2
Age Risk			1:119	Nuchal translu		0.68
Biochemical T21 risk			1:1488	Nasal bone	J	PRESENT
Combined trisomy 21 risk			1:7107	Sonographer		DR. RAHUL
Trisomy 13/18 + NT			-1:10000	_	in measuring NT	MBBS
				Qualifications in measuring NT MBBS Down's Syndrome Risk (Trisomy 21 Screening)		
1:100 1:100 1:100 1:100 1:1000				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 7107 women with the same data, there is one woman with a trisomy 21 pregnancy and 7106 women with not affected pregnancies. 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;		
1'1'mig.comxx 1 2/1 2+N'1'				1998). The laboratory cannot be hold responsible for their impact on the		