

which indicates a low risk

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Date of Report 12-09-2024 PRISCA 5.2.0.13

				PRISCA	5.2.0.13
Patient Data					
Name	MRS. ANKITA GUPTA F2		Patient ID		12409100329
Birthday	24-08-1993		Sample ID		11824904
Age at Sample date	31.0		Sample Date		10-09-2024
Gestational age		12+4			
Correction factors					
Fetuses	2 IVF		unknown	Previous trisomy 21	unknown
Weight in kg	55.5 Diabetes		NO	Pregnancies	unknown
Smoker	NO Origin		Asian	1	
Biochemical Data			Ultrasound D	ata	
Parameter	Value	Corr Mom	Gestational ag	ge	12+3
PAPP-A	$5.2~\mathrm{mIU/ml}$	0.46	Method		CRL (<>Robinson)
fb-hCG	81.73 ng/ml	0.89	Scan date		10-09-2024
Risks at sampling date			Crown rump l	length in mm	59.5
Age Risk		1:562	Nuchal translu	ucency MoM	1.03
Biochemical T21 risk		1:676	Nasal bone		PRESENT
Combined trisomy 21 risk		1:2820	Sonographer		DR. RAKHI
Trisomy 13/18 + NT		<1:10000	Qualifications	in measuring NT	MBBS
Risk		Down's Syndrome Risk (Trisomy 21 Screening)			
1:100 1:250 Cut off 1:1000 1:1000 1:10000 1:10000 1:10000 1:10000 1:10000 1:10000 1:10000			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 2820 women with the same data, there is one woman with a trisomy 21 pregnancy and 2819 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; 1998). The laboratory cannot be hold responsible for their impact on the		
The calculated risk for Trisomy 13/18 (with NT) is <1:10000, which indicates a low risk			risk assessment! Calculated risks have no diagnostic values		