

\*Free Home Sample Collection 9999 778 778



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				Date of Report	12-09-2024
				PRISCA	5.2.0.13
Patient Data					
Name	MRS. ANKIT	CA 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		
Biochemical Data			Ultrasound Da	ata	
Parameter	Value	Corr Mom	Gestational age	2	12+3
PAPP-A	$5.2 \mathrm{\ mIU/ml}$	0.46	Method		CRL (<>Robinson)
	0.4 = 0	_	[		10.00.000

Biochemical Data			Ultrasound Data		
Parameter	Value	Corr Mom	Gestational age	12+3	
PAPP-A	$5.2~\mathrm{mIU/ml}$	0.46	Method	CRL (<>Robinson)	
fb-hCG	81.73 ng/ml	1	Scan date	10-09-2024	
Risks at sampling date			Crown rump length in mm	59.8	
Age Risk		1:562	Nuchal translucency MoM	1.03	
Biochemical T21 risk		1:534	Nasal bone	PRESENT	
Combined trisomy 21 risk		1:2233	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			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 2233 women with the same data, there is one woman with a trisomy 21 pregnancy and 2232 women with not affected pregnancies. The risk for twin pregnancy has been calculated for a singleton oregnancy with correted MoMs.		
1:1000			The calculated risk by PRISCA depend information provided by the referring pl the risk calculations are statistical aapprodiagnostic value!  The patient combined risk presumes that	hysician. Please note that paches and have no	

## 13 15 17 19 21 23 25 27 29 31 33 35 37 39 41 43 45 47 49 done according to accepted guidelines (Prenat Diagn 18:511-523; 1998). Trisomy 13/18+N1

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

which indicates a low risk

The laboratory cannot be hold responsible for their impact on the risk assessment! Calculated risks have no diagnostic values