

Risk Above Cut Off

*Free Home Sample Collection 9999 778 778



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Risk below Age risk

 Date of Report
 20-10-2024

 PRISCA
 5.2.0.13

1 61	IVF Diabetes Origin		Sample ID Sample Date unknown	Previous trisomy 21	12410190135 11889880 19-10-2024 unknown		
1 61	IVF Diabetes	10-06-1991 33.4	Sample ID Sample Date unknown	, and the second	11889880 19-10-2024		
61	Diabetes	33.4	Sample Date unknown	, and the second	19-10-2024		
61	Diabetes		unknown	, and the second			
61	Diabetes	13+0	unknown	, and the second	unknown		
61	Diabetes			, and the second	unknown		
61	Diabetes			, and the second	unknown		
			NO	D :	i i		
NO	Origin			Pregnancies	unknown		
			Asian				
	Biochemical Data				Ultrasound Data		
Value		Corr Mom	Gestational age		13+0		
5.6	mIU/ml	0.88	Method		CRL (<>Robinson)		
81.5	ng/ml	2.5	Scan date		19-10-2024		
			Crown rump le	ength in mm	67.7		
		1:387	Nuchal translu	cency MoM	0.82		
<u>C21 risk</u> 1:197		1:197	Nasal bone		unknown		
		1:1127	Sonographer		DR. VIKASH GOYAL		
		<1:10000	Qualifications	in measuring NT	MBBS		
Risk 1:10			Down's Syndro	Down's Syndrome Risk (Trisomy 21 Screening)			
1:1000 1:1000 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 1127 women with the same data, there is one woman with a trisomy 21 pregnancy and 1126 women with not affected pregnancies. The free beta HCG level is high. 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 risk assessment! Calculated risks have no diagnostic values				
	5.6 81.5		5.6 mIU/ml 0.88 81.5 ng/ml 2.5 1:387 1:197 1:1127 <1:10000	5.6 mIU/ml 0.88 Method 81.5 ng/ml 2.5 Scan date Crown rump letter and translation in the calculated cut off, which after the result of expected that an woman with a transfer affected pregnant. The calculated run information protection in the risk calculation and the calculated run information protection in the risk calculation in the patient condone according 1998). The laboratory of the risk calculation in the patient condone according 1998). The laboratory of the risk calculation in the patient condone according 1998). The laboratory of the risk calculation in the patient condone according 1998).	5.6 mIU/ml 0.88 Method 81.5 ng/ml 2.5 Scan date Crown rump length in mm 1:387 Nuchal translucency MoM 1:197 Nasal bone Sonographer <1:10000 Qualifications in measuring NT Down's Syndrome Risk (Trisomy 21 The calculated risk for Trisomy 21 (we cut off, which represents a low risk.) After the result of the Trisomy 21 test (with expected that among 1127 women with the woman with a trisomy 21 pregnancy and 1 affected pregnancies. The free beta HCG Information provided by the referring physical tribute in the risk calculations are statistical approach diagnostic value! The patient combined risk presumes that Information provided by the referring physical results of the patient combined risk presumes that Information provided by the referring physical results of the patient combined risk presumes that Information provided by the referring physical results of the patient combined risk presumes that Information provided by the referring physical results of the patient combined risk presumes that Information provided by the referring physical results of the patient combined risk presumes that Information provided by the referring physical results of the patient combined risk presumes that Information provided by the referring physical results of the patient combined risk presumes that Information provided by the referring physical results of the patient combined risk presumes that Information provided by the referring physical results of the patient combined risk presumes that Information provided by the referring physical results of the patient combined risk presumes that Information provided by the referring physical results of the patient combined risk presumes that Information provided by the referring physical results of the patient combined risk presumes that Information provided by the referring physical results of the patient combined risk presumes that Information provided by the referring physical results of the patient results of the patient results of the patient results of the patient results of t		

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