

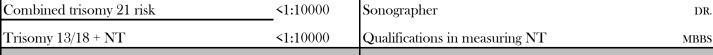
*Free Home Sample Collection 9999 778 778

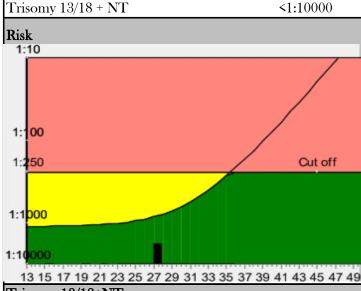


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					Date of Report	30-11-2024
					PRISCA	5.2.0.13
Patient Data						
Name	MRS. AKANSHA PANDEY			Patient ID		12411290090
Birthday	12-06-1997			Sample ID		11887595
Age at Sample date	25.4			Sample Date		29-11-2024
Gestational age	12+3					
Correction factors						
Fetuses	1	IVF		unknown	Previous trisomy 21	unknown
Weight in kg	56.9	Diabetes		NO	Pregnancies	unknown
Smoker	NO	Origin		Asian		
Biochemical Data				Ultrasound Data		
Parameter	Value		Corr Mom	Gestational ago	e	11+1
PAPP-A	4.9	mIU/ml	0.88	Method		CRL (<>Robinson)
fb-hCG	15.2	ng/ml	0.39	Scan date		20-11-2024
Risks at sampling date				Crown rump l	ength in mm	43.2

PAPP-A 4.9 mIU/ml 0.88 Method CRL (≪)Robinson) fb-hCG 15.2 ng/ml 0.39 Scan date 20-11-2024 Risks at sampling date Crown rump length in mm 43.2 Age Risk 1:828 Nuchal translucency MoM 0.50 Biochemical T21 risk ≤1:10000 Nasal bone PRESENT





The calculated risk for Trisomy 21(with NT) is below the cut off, which represents a low risk.

Down's Syndrome Risk (Trisomy 21 Screening)

After the result of the Trisomy 21 test (with NT) it is expected that among more than 10000 women with the same data, there is one woman with a trisomy 21 pregnancy. The free beta HCG level is low.

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

Trisomy 13/18+NT

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