

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

which indicates a low risk

*Free Home Sample Collection 9999 778 778



risk assessment! Calculated risks have no diagnostic values

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Date of Report 20-12-2024 PRISCA 5.2.0.13

				PRISCA	5.2.0.13
Patient Data					
Name	MRS	. CHANCHAL	Patient ID		12412180134
Birthday		31-10-2001	Sample ID		11513145
Age at Sample date		23.1	Sample Date		18-12-2024
Gestational age		12+6			
Correction factors					
Fetuses	1 IVF		unknown	Previous trisomy 21	unknown
Weight in kg	42 Diabetes		NO	Pregnancies	unknown
Smoker	NO Origin		Asian		
Biochemical Data	2.0		Ultrasound D		
Parameter	Value	Corr Mom	Gestational ag		12+4
PAPP-A	4.68 mIU/ml	0.50	Method		CRL (<>Robinson)
fb-hCG	27.81 ng/ml	0.71	Scan date		16-12-2024
Risks at sampling date			Crown rump l	ength in mm	65
Age Risk		1:1038	Nuchal translu		0.72
Biochemical T21 risk		1:2565	Nasal bone	J	PRESENT
Combined trisomy 21 risk		<1:10000	Sonographer		DR. VIKRAM PRATAP
Trisomy 13/18 + NT		- <1:10000		in measuring NT	MD
Risk		11.10000		ome Risk (Trisomy 21	
1:100 1:250 1:1000	Cutoff	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 more than 10000 women with the same data, there is one woman with a trisomy 21 pregnancy. 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 18:511-528).			
13 15 17 19 21 23 25 27 Trisomy 13/18+NT	29313335373	94143454749	1998).	•	
The calculated risk for Trison	is <1:10000	The laboratory cannot be hold responsible for their impact on the			