

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

which indicates a low risk

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Date of Report 21-12-2024 PRISCA 5.2.0.13

The laboratory cannot be hold responsible for their impact on the

risk assessment! Calculated risks have no diagnostic values

					Date of Report	21-12-2024
					PRISCA	5.2.0.13
Patient Data						
Name		MRS	S. ANNU JHA	Patient ID		12412200089
Birthday			04-11-2004	Sample ID		11996141
Age at Sample date			20.1	Sample Date		20-12-2024
Gestational age			12+3			
Correction factors						
Fetuses	1	IVF		unknown	Previous trisomy 21	unknown
Weight in kg	49	Diabetes		NO	Pregnancies	unknown
Smoker	NO	Origin		Asian		
Biochemical Data				Ultrasound D	ata	
Parameter	Value		Corr Mom	Gestational age	e	12+2
PAPP-A	4.1	mIU/ml	0.62	Method		CRL (<>Robinson)
fb-hCG	50.11	ng/ml	1.22	Scan date		19-12-2024
Risks at sampling date				Crown rump l	ength in mm	60
Age Risk			1:1083	Nuchal translu	acency MoM	0.70
Biochemical T21 risk			1:1414	Nasal bone		PRESENT
Combined trisomy 21 risk			1:8197	Sonographer		DR. AMENDA
Trisomy 13/18 + NT			< 1:10000	Qualifications	in measuring NT	MD
Risk				Down's Syndr	ome Risk (Trisomy 21 S	Screening)
1:100 1:250 Gt off 1:1000				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 8197 women with the same data, there is one woman with a trisomy 21 pregnancy and 8196 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;		
13 15 17 19 21 23 25 27 Trisomy 13/18+NT	29313	3353739	4143454749	1998).	to accepted guidennes (Fie	nat Diagn 10.011-020;
1 1120111 19/19+1/1				Lore 1.1 /	. 1 1 11 '11	C d · · · d