Immunodiagnostics Pvt.Ltd.,

109, Pocket D&E, Local Shopping Complex,109, Pocket D&E, Local Shopping Complex,

Sarita Vihar

Prisca 5.2.0.13

Date of report: 30/03/25

KOS DIAG LAB

Patient data				
Name	MRS. ANJU DE	VI Patient ID		
Birthday	14/01	/84 Sample ID	Sample ID 2503220810/AMB	
Age at sample date	4	1.2 Sample Da	•	
Gestational age	11 -	2		
Correction factors				
Fetuses 1	IVF	no	Previous trisomy 21	no
Weight 65	diabetes	no	pregnancies	
Smoker no	Origin	Asian		
Biochemical data		Ultrasound	lata	
Parameter Value	Corr. N	IoM Gestationa	lage	11 + 1
PAPP-A 3.98 mIU/m	I 2	.00 Method	Method CRL Robinsor	
fb-hCG 144 ng/ml	2	.86 Scan date	Scan date 28/03/25	
Risks at sampling date		Crown rum	Crown rump length in mm 46.	
Age risk	1	:54 Nuchal trar	slucency MoM	1.58
Biochemical T21 risk)	present
Combined trisomy 21 risk >1:50		:50 Sonograph	er	
Trisomy 13/18 + NT	000 Qualificatio	Qualifications in measuring NT		
1:100 1:250 1:1000 1:10000 13 15 17 19 21 23 25 27 29 31 33 3 Trisomy 13/18 + NT The calculated risk for trisomy 13	translucer increased After the re- translucen pregnancie pregnancy The free b The calcula of the infor Please not approache The patien was done a 18: 511-52 The labora on the risk	The calculated risk for Trisomy 21 (with nuchal translucency) is above the cut off, which indicates an increased risk. After the result of the Trisomy 21 Test (with nuchal translucency), it is expected that among less than 50 pregnancies with the same data, there is one trisomy 21 pregnancy. 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 risk calculations are statistical approaches and have no diagnostic value! The patient combined risk presumes the NT measurement was done according to accepted guidelines (Prenat Diagn 18: 511-523 (1998)). The laboratory can not be hold responsible for their impact on the risk assessment ! Calculated risks have no diagnostic value!		

Sign of Physician