KOS DIAGNOSTIC LAB 6349/1, NICHOLSON ROAD, AMBALA CANTT

5.0.2.37

Date of report: 06-06-2018

Prisca

Patient data			
Name	MRS. NAZIMA	Patient ID	1806220108/AMB
Birthday	06-05-1994	Sample ID	1806220108/AMB
Age at sample date	24.1	Sample Dat	te 04-06-2018
Gestational age	11 + 4		
Correction factors			
	IVF		Previous trisomy 21 no
	5 diabetes	no	pregancies
Smoker no	o Origin	Asian	
Biochemical data		Ultrasound d	lata
Parameter Value	Corr. MoM	Gestational	age 11 + 4
PAPP-A 2.8 mIU	/ml 1.33	Method	CRL Robinson
fb-hCG 125.1 ng/r	nl 3.08	Scan date	04-06-2018
Risks at sampling date	Crown rum		p length in mm 50.3
Age_risk 1:962		Nuchal translucency MoM 0.92	
Biochemical T21 risk	1:651	Nasal bone	present
Combined trisomy 21 risk 1:2997		Sonographer DR. (MRS.) POONAM LOOMBA	
Trispmy 13/18 + NT	<1:10000 Qualifications in measuring NT MD		
Risk Trisomy 21			
110			lated risk for Trisomy 21 (with nuchal
1:100 1:250 Cut off		translucency) is below the cut off, which indicates a low risk. After the result of the Trisomy 21 test (with NT) it is expected that among 2997 women with the same data, there is one woman with a trisomy 21 pregnancy and 2996 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 risk calculations are statistical approaches and have no diagnostic valuel	
1:1000 1:10000		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	

Trisomy 13/18 + NT below Take calculated risk for trisomy 13/180 (with nucleat ge Risk above cut off transtucency) is < 1:10000, which represents a low risk.

Sign of Physician