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

Prisca 5.0.2.37

Date of report: 20-12-2018

Name		Ms. JAS	SWINDER	Patient ID		1801220060/AME
Birthday			08-06-1991			1801220060/AM
Age at sample date				Sample Date	9	19-12-201
Gestational age			13 + 0			
Correction factors		-	10 1 0	-		
Fetuses	1	IVF		no	Previous trisomy 21	r
Weight	46.8	diabetes		no	pregancies	
Smoker	no	Origin		Asian		
Biochemical data		- 5		Ultrasound da	ata	-
Parameter	Value		Corr. MoM	Gestational a	ade	13 + (
PAPP-A	2.26 mIU/m		0.51	Method	.9-	CRL Robinso
fb-hCG	19.5 ng/ml		0.56	Scan date		18-12-201
Risks at sampling date			Crown rump	length in mm	66.	
Age risk	e risk 1:869		Nuchal translucency MoM 0.			
Biochemical T21 risk	T21 risk 1:3549		Nasal bone pres			
Combined trisomy 21 risk <1:10000			Sonographer			
Trisomy 13/18 + NT <1:10000			Qualifications in measuring NT ME			
Risk 1:10				Trisomy 21	ated risk for Trisomy 21	
1:100 1:250 Cutoff 1:000 1:000 5 1719 212325 2729 313335 3739 414345 4749 Ade				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 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 risk calculations are statistical approaches and have no diagnostic value! The patient combined risk presumes the NT measuremer was done according to accepted guidelines (Prenat Diag 18: 511-523 (1998)). The laboratory can not be hold responsible for their impac on the risk assessment ! Calculated risks have no diagnostic value!		
Trisomy 13/18 + NT The calculated risk t translucency) is < 1 risk.	or trisomy 13 10000, which	/18 (with n represents	uchal			

Sign of Physician