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

5.1.0.17

Date of report: 20-07-2019

Prisca

KOS DIAGNOSTIC LAB

Patient data				
Name	MRS. BHARTI	Patient ID	1907221062/AMB	
Birthday	01-01-1992	Sample ID	1907221062/AMB	
Age at sample date	27.5	Sample Date	e 19-07-2019	
Gestational age	12 + 5			
Correction factors				
Fetuses 1	IVF	no	Previous trisomy 21 no	
Weight 60	diabetes	no	pregnancies	
Smoker no	Origin	Asian		
Biochemical data		Ultrasound d	ata	
Parameter Value	Corr. MoM	Gestational	age 12 + 4	
PAPP-A 6.72 mIU/m	l 1.81	Method	CRL Robinson	
fb-hCG 74.5 ng/ml	1.87	Scan date	18-07-2019	
Risks at sampling date		Crown rump length in mm 64.4		
Age risk	1:831	Nuchal trans	slucency MoM 0.79	
Biochemical T21 risk	1:3583			
Combined trisomy 21 risk <1:10000		Sonographer .		
Trisomy 13/18 + NT			Qualifications in measuring NT MD	
Risk 1:10		Trisomy 21	ated risk for Trisomy 21 (with nuchal	
1:100 1:250 Cut off 1:1000 Cut off 1:10000 Cut off <td colspan="2">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 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!</td>		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 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