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

5.1.0.17

Date of re

Prisca

report:	10-09-2019

Patient data				
Name	MRS. EMIFRANSIS		1909220540/AMB	
Birthday	01-05-1998		Sample ID 1909220540/AMB	
-		Sample Date 09-09-2019		
Gestational age 12 + 3				
Correction factors				
Fetuses 1	IVF	no	Previous trisomy 21 no	
Weight 59	diabetes	no pregnancies		
Smoker no	Origin	Asian		
Biochemical data		Ultrasound data		
Parameter Value	Corr. MoM	Gestational	age 11 + 6	
PAPP-A 3.27 mIU/m	ol 0.96	Method	CRL Robinson	
fb-hCG 125 ng/ml	3.46	Scan date	05-09-2019	
Risks at term	······································		Crown rump length in mm 54.32	
Age risk 1:1498		Nuchal translucency MoM 0.84		
Biochemical T21 risk 1:385		Nasal bone presen		
Combined trisomy 21 risk 1:2187		Sonographer .		
Trisomy 13/18 + NT <1:10000		Qualifications in measuring NT MD		
Risk 1:10		Trisomy 21		
1:100 1:250 Cut off 1:1000 Cut off 1:10000 Cut off </td <td colspan="2">The calculated risk for Trisomy 21 (with nuchal 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 2187 women with the same data, there is one woman with a trisomy 21 pregnancy and 2186 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 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>		The calculated risk for Trisomy 21 (with nuchal 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 2187 women with the same data, there is one woman with a trisomy 21 pregnancy and 2186 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 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