Prenatal Screen Report							
Medical ID ID number		21240004		Date of Report		2019-12-25	
Doctor name Basic Information Ultrasonic Image							
		Ultrasonic Image					
Name Date of Birth Age	SI			u-Gestational weeks 11 Calculating Method Date of Test		1 Week 4 Day ByCRL 23-12-19	
Weight(Kg) Race Number of Cl Smoke or not	hild	YellowRace		BPD(mm) CRL(mm) Nasal Bone		47.4 TRUE <b>MoM Cut-off</b>	
	•	I ALOL	NT(mm)	0.8	0.57	<=2.5	
Serological test							
Date of Test		19 0:00	r-Gestation	nal weeks	11 Week	5 Day	
F-B-HCO PAPPA	G 35.17	<b>Unit</b> ng/ml mIU/L	0.67		<i>Cut-off</i> <=2.11 >0.25		
Risk	Risk of Age Risk of Trisomy 21 Risk of Trisomy 18 Risk of NTD			1/1000 1/20833 1/1000000			
3/500			Risks are ca Database wi Ultrasonic in only.	th the serold	ogical test a	nd	
1/200			Down Synd The Down S than the thre Syndrome is	yndrome res shold value			
3/1000			Edward Syr	ndrome			
1/500			The Edward less than the Edward Syn	e threshold v	/alue 1/600,		
1/1000			NTD				
o 10 15	5 20 25 30 35 4(	) 45 50	The NTD res			reshold	
Apple Tree Prenatal Screen software. v20131216							