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

Prisca 5.1.0.17

Date of report: 27-05-2020

Patient data				
Name	MRS. RAJWINDER		2005220337/AN	1B
Birthday	15-08-1998	Sample ID	2005220337/AN	1B
Age at delivery	22.3	Sample Date	e 27-05-202	20
Gestational age	12 + 5			
Correction factors				
Fetuses 1	IVF	no	,	no
Weight 50	diabetes	no	pregnancies	
Smoker no	Origin	Asian		
Biochemical data		Ultrasound data		
Parameter Value	Corr. MoM	Corr. MoM Gestational age 11 + 4		⊦ 4
PAPP-A 8.15 mIU/m	nl 1.77	Method	CRL Robins	on
fb-hCG 180 ng/ml	4.95	Scan date	19-05-20	20
Risks at term		Crown rump	o length in mm 49	9.9
Age risk	1:1487			67
Biochemical T21 risk			Nasal bone pres	
Combined trisomy 21 risk 1:4195		Sonographer		-
•		Qualifications in measuring NT MD  Trisomy 21		
Risk 1:10  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 4195 women with the same data, there is one woman with a trisomy 21 pregnancy and 41 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 Dial 18: 511-523 (1998)).  The laboratory can not be hold responsible for their impart on the risk assessment! Calculated risks have no diagnostic value!  Trisomy 13/18 + NT  The calculated risk for trisomy 13/18 (with nuchal translucency) is < 1:10000, which represents a low risk.				94 y ent gn

Sign of Physician

Below Cut Off, but above Age Risk

above cut off