

Prisca 5.1.0.17  
**Date of report: 10-06-2022**

| Patient data             |            |   |                        |
|--------------------------|------------|---|------------------------|
| Name                     | MRS. JYOTI | Patient ID  | 2206220227/AMB         |
| Birthday                 | 02-02-1994 | Sample ID   | 2206220227/AMB         |
| Age at sample date       | 28.3       | Sample Date   | 08-06-2022             |
| Gestational age          | 12 + 0     |   |                        |
| Correction factors       |            |   |                        |
| Fetuses                  | 1          | IVF   | no                     |
| Weight                   | 59         | diabetes  | no                     |
| Smoker                   | no         | Origin  | Asian                  |
|                          |            | Previous trisomy 21 pregnancies   | no                     |
| Biochemical data         |            | Ultrasound data   |                        |
| Parameter                | Value      | Corr. MoM   |                        |
| PAPP-A                   | 5.3 mIU/ml | 1.65  | Gestational age 11 + 4 |
| fb-hCG                   | 170 ng/ml  | 3.55  | Method CRL Robinson    |
|                          |            |   | Scan date 05-06-2022   |
| Risks at sampling date   |            | Crown rump length in mm 50.46   |                        |
| Age risk                 | 1:756      | Nuchal translucency MoM 2.06  |                        |
| Biochemical T21 risk     | 1:508      | Nasal bone present  |                        |
| Combined trisomy 21 risk | >1:50      | Sonographer .   |                        |
| Trisomy 13/18 + NT       | <1:10000   | Qualifications in measuring NT MD   |                        |
| Trisomy 21               |            |   |                        |
|                          |            | <p><b>The calculated risk for Trisomy 21 (with nuchal translucency) is above the cut off, which indicates an increased risk.</b></p> <p>After the result of the Trisomy 21 Test (with nuchal translucency), it is expected that among less than 50 pregnancies with the same data, there is one trisomy 21 pregnancy.</p> <p>The free beta HCG level is high.</p> <p>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!</p> <p>The patient combined risk presumes the NT measurement was done according to accepted guidelines (Prenat Diagn 18: 511-523 (1998)).</p> <p>The laboratory can not be hold responsible for their impact on the risk assessment ! Calculated risks have no diagnostic value!</p> |                        |
|                          |            | Trisomy 13/18 + NT  |                        |
|                          |            | <p><b>The calculated risk for trisomy 13/18 (with nuchal translucency) is &lt; 1:10000, which represents a low risk.</b></p>  |                        |

**Sign of Physician**

below cut off
  Below Cut Off, but above Age Risk
  above cut off