Sarita Vihar

Prisca 5.2.0.13

Date of report: 17/08/2023

Patient data			
Name MRS. NARINDER KAUR		Patient ID	
Birthday	8/04/1980	Sample ID 2308220349/AMB	
Age at sample date	43.4	Sample Date	15/08/2023
Gestational age	13 + 3		
Correction factors			
Fetuses 1	IVF	no	Previous trisomy 21 no
Weight 55.5	diabetes	no	pregnancies
Smoker no	Origin	Asian	
Biochemical data		Ultrasound data	
Parameter Value	Corr. MoM	Gestational age 13 + 2	
PAPP-A 12.1 mIU/m	nl 1.92	Method CRL Robinson	
fb-hCG 181 ng/ml	4.36	Scan date	14/08/2023
Risks at sampling date		Crown rump length in mm 74.4	
Age risk	1:32	Nuchal translucency MoM 0.82	
Biochemical T21 risk	>1:50	Nasal bone present	
Combined trisomy 21 risk	1:100	Sonographer	
Trisomy 13/18 + NT	<1:10000		
Risk 1:10		Trisomy 21	ated risk for Trisomy 21 (with nuchal
1:1000 1:10000 1:110000 1:1		translucency) is above the cut off, which indicates an increased risk. After the result of the Trisomy 21 test (with NT) it is expected that among 100 women with the same data, there is one woman with a trisomy 21 pregnancy and 99 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!	