Prisca 5.2.0.13

Date of report: 23/08/2024

MRS. SURBHI	Patient ID		
19/05/1995	Sample ID 2408040677/NOD		
29.3	Sample Date 22/08/2024		
12 + 0			
IVF	no	Previous trisomy 2	no no
diabetes	no	pregnancies	
Origin	Asian		
	Ultrasound data		
Corr. MoM	Gestational age 12 + 0		
nl 1.42	Method CRL Robinson		
0.87	Scan date		22/08/2024
	Crown rump length in mm 56.7		
1:690	Nuchal translucency MoM 0.80		
<1:10000	Nasal bone present		
<1:10000	, ,		
<1:10000	_		
Cut off 5 37 39 41 43 45 47 49 Age 3/18 (with nuchal prepresents a low	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 more than 10000 women with the same data, there is one woman with a trisomy 21 pregnancy. 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!		
	19/05/1995 29.3 12 + 0 IVF diabetes Origin Corr. MoM 1	IVF no diabetes no Origin Asian Corr. MoM Gestational Method 1.42 0.87 Scan date Crown rump 1:690 Nuchal trans 1:10000 Sonographe 21:10000 Vasal bone 1:10000 Vasal bone 1:10000 Valification Trisomy 21 The calcula translucent low risk. After the resexpected th same data, pregnancy. The calcular of the inform Please note approaches The patient was done at 18: 511-523 The laborate on the risk at diagnostic value of the inform Please note approaches The patient was done at 18: 511-523 The laborate on the risk at diagnostic value of the inform Please note approaches The patient was done at 18: 511-523 The laborate on the risk at diagnostic value of the inform Please note approaches The patient was done at 18: 511-523 The laborate on the risk at diagnostic value of the inform Please note approaches The patient was done at 18: 511-523 The laborate on the risk at diagnostic value of the inform Please note approaches The patient was done at 18: 511-523 The laborate on the risk at diagnostic value of the inform Please note approaches The patient was done at 18: 511-523 The laborate on the risk at diagnostic value of the inform Please note approaches The patient was done at 18: 511-523	19/05/1995 29.3 12 + 0 IVF diabetes Origin Asian Ultrasound data Corr. MoM nl 1.42 0.87 Gestational age Method Scan date Crown rump length in mm Nuchal translucency MoM Asal bone <1:10000 <1:10000 <1:10000 <1:10000 Cut off Cut off Cut off Cut off Cut off Sample ID Sample Date Previous trisomy 2 pregnancies Previous trisomy 2 pregnancies Previous trisomy 2 pregnancies Origin Asian Previous trisomy 2 pregnancies Origin Asian Ultrasound data Gestational age Method Scan date Crown rump length in mm Nuchal translucency MoM Nasal bone Sonographer Qualifications in measuring NT Trisomy 21 The calculated risk for Trisomy 2 expected that among more tha same data, there is one woman pregnancy. The calculated risk by PRISCA of the information provided by the calculated risk prese was done according to accepted 18: 511-523 (1998)). The patient combined risk prese was done according to accepted 18: 511-523 (1998)). The laboratory can not be hold on the risk assessment! Calculation agnostic value!