Prisca 5.2.0.13

Date of report: 21/12/2024

Patient data					
ame MRS. SUKHWINDER KAUR			Patient ID		
Birthday	2/01/1994		Sample ID		2412034204/NOD
Age at sample date	le date 31.0		•		20/12/2024
Gestational age	ational age 11 + 4				
Correction factors					
Fetuses 1	IVF		no	Previous trisomy 21	no
Weight 68	diabetes		no	pregnancies	
Smoker no	Origin		Asian		
Biochemical data			Ultrasound da	ata	
Parameter Value		Corr. MoM	Gestational	age	11 + 2
PAPP-A 0.72 mIU/	ml	0.33	Method CRL Robins		CRL Robinson
fb-hCG 40.2 ng/m	l	0.84	Scan date 18/		18/12/2024
Risks at sampling date		Crown rump length in mm		46.5	
Age risk	1:547		Nuchal translucency MoM		0.86
Biochemical T21 risk	1:288			Nasal bone pres	
Combined trisomy 21 risk 1:1772			Sonographer		
Trisomy 13/18 + NT 1:9317			Qualifications in measuring NT Trisomy 21		
1:10 1:250 Cut off 1:1000 1:10000 13 15 17 19 21 23 25 27 29 31 33 35 37 39 41 43 45 47 49 Age Trisomy 13/18 + NT The calculated risk for Trisomy 13/18 (with nuchal translucency) is 1:9317, which represents a low risk.			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 1772 women with the same data, there is one woman with a trisomy 21 pregnancy and 1771 women with not affected pregnancies. The PAPP-A level is low. 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!		

Sign of Physician