Date of report: 16/03/2025

Prisca 5.2.0.13

Birthday 2/10/1992 Age at delivery 32.9 Patient ID 2503028532/NOD Previous trisomy 21 pregnancies no Nuchal translucency MoM 0.0.85 m Petuses 1 diabetes no Weight 48 Origin Asian Smoker no IVF no Biochemical data Sample Date 15/03/2025 Gestational age at sample date 15+2 Parameter Value Corr. MoMs AFP 32.2 ng/ml 0.84 HCG 13394 mIU/ml 0.30 uE3 0.9 ng/ml 0.93 Risk Trisomy 21 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 CG level is low. The calculated risk por RISCA 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 measureme was done according to accepted guidelines (Prenat Diagnostic value! The patient combined risk presumes the NT measureme was done according to accepted guidelines (Prenat Diagnostic value!	Patient data				Ultrasound data	
Age at delivery Patient ID 2503028532/NOD Previous trisomy 21 pregnancies no Nuchal translucency MoM Momenture MoM Nuchal translucency Nom Momenture Momentu	Name MRS. RAJ BALA VERMA			BALA VERMA	Gestational age	12 + 5
Patient ID 2503028532/NOD Previous trisomy 21 pregnancies no Nuchal translucency MoM Nuchal translucency 0.85 m Nasal bone preserved of the pr	Birthday			2/10/1992	Method	CRL measurements
Previous trisomy 21 pregnancies no Nuchal translucency MoM Nuchal translucency Nach Rasal bone Spreader Prese Trisomy 21 Trisomy 21 Trisomy 21 risk Nichor Trisomy 21 (with nuchal translucency) is below the cut off, which indicates a low risk. After the result of the 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 HCG 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 measureme was done according to accepted guidelines (Prenat Dia, 18: 511-523 (1998)). The LGG level is low. The Calculated risk for Trisomy 21 (with nuchal translucency) is 1:10000 1:1000 1:1000 1:1000 1:1000 1:1000 1:1000 1:1000 1:1000 1:	Age at deliver	у		32.9	Crown rump length in mm	65.4
Nuchal translucency 0.85 m Nasal bone Present Sonographer Qualifications in measuring NT Sonographer Qu				03028532/NOD	Date	25/02/2025
Fetuses 1 diabetes no Weight 48 Origin Asian Smoker no IVF no Biochemical data Sample Date 15/03/2025 Gestational age at sample date 15+ 2 Parameter Value Corr. MoMs AFP 32.2 ng/ml 0.84 HCG 13394 mIU/ml 0.30 uE3 0.9 ng/ml 0.93 Risk Trisomy 21 risk 1:100 UE3 0.9 ng/ml 0.93 Risk Trisomy 21 risk 1:100 UE3 0.9 ng/ml 0.93 Risk Trisomy 21 risk 1:100 UE3 0.9 ng/ml 0.93 Risk Trisomy 21 risk 1:100 UE3 0.9 ng/ml 0.93 Risk Trisomy 21 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 HCG 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 measureme was done according to accepted guidelines (Prenat Dia 18: 511-523 (1998)). The laboratory can not be hold responsible for their impa on the risk assessment! Calculated risks have no diagnostic value! Trisomy 18 Trisomy 18 Neural tube defects The calculated risk for trisomy 18 (with nuchal translucency) is < 1:10000, which represents a low risk area for neural tube defects.	Previous trisomy 21 pregnancies no				Nuchal translucency MoM	0.51
Fetuses 1 diabetes no Weight 48 Origin Asian Smoker no IVF no Biochemical data Risks at term Risks at term Age risk 1:755 Gestational age at sample date 15/03/2025 Frisomy 21 risk 1:755 Risk 1:750 Risk 1:100 Risk 1:100 Age risk 1:755 Combined trisomy 21 risk 1:1000 Trisomy 18 risk 1:1000 Trisomy 21 risk 1:1000 Trisomy 18 risk 1:1000 Trisomy 21 risk 1:1000 Trisomy 18 risk 1:1000 Trisomy 21 risk 1:1000 Trisomy 18 risk for Trisomy 21 (with nuchal translucency) is below the cut off, which indicates a low risk assessment! Calculated risk for Trisomy 21 regnancy. The HCG level is low. The calculated risk for Prisomy 21 regnancy. The HCG level is low. The calculated risk for trisomy 21 regnancy. The HCG level is low. The calculated risk for trisomy 21 regnancy. The HCG level is low. The calculated risk for trisomy 21 regnancy. The HCG level is low. The calculated risk for trisomy 21 regnancy. The patient combined risk presumes the NT measureme was done according to accepted guidelines (Prenat Dia 18: 511-523 (1998)). The laboratory can not be hold responsible for their impa on the risk assessment! Calculated risks have no diagnostic value! Trisomy 18 risk for trisomy 18 (with nuchal translucency) is < 1:1000, which represents a low Neural tube defects The corrected MoM AFP (0.84) is located in the low risk area for neural tube defects.					Nuchal translucency	0.85 mm
Weight 48 Origin Asian Smoker no IVF no IVF no Biochemical data Sample Date 15/03/2025 Age risk 1:63 Gestational age at sample date 15+2 Trisomy 21 risk 1:758 Combined trisomy 21 risk 1:758 Combined trisomy 21 risk 1:759 Combined trisomy 18 risk 1:759 Combined trisomy 21 risk 1:759 Combined trisomy 18 risk 1:759 Combined trisomy 21 risk 1:759 Combined trisomy 18 risk 1:759 Combined trisomy 21 risk 1:759 Combined trisomy 21 risk 1:759 Combined trisomy 21 risk 1:759 Combined trisk 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 HCG 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 measureme was done according to accepted guidelines (Prenat Dial 13.5 11-19 21 23 25 27 29 31 33 35 37 39 41 43 45 47 49 Age Trisomy 18 Trisomy 18 Neural tube defects The corrected MoM AFP (0.84) is located in the low risk area for neural tube defects.	Correction factor	ors			Nasal bone	present
Smoker no IVF no Biochemical data Sample Date 15/03/2025 Gestational age at sample date 15/03/2025 Parameter Value Corr. MoMS AFP 32.2 ng/ml 0.84 HCG 13394 mlU/ml 0.30 uE3 0.9 ng/ml 0.93 Risk Trisomy 18 risk 1:63 Cut off 1:1000 1:250 Cut off 1:11000 1:250 Cut off 1:110000 1:315 17 19 21 23 25 27 29 31 33 35 37 39 41 43 45 47 49 Age Neural tube defects The calculated risk for trisomy 18 (with nuchal approaches and have no diagnostic value! Trisomy 18 Trisomy 19 Trisomy 21 Trisomy 19 Trisomy 19 Trisomy 19 Trisomy 19 Trisomy 19 T	Fetuses	1	diabetes	no	Sonographer	
Biochemical data Sample Date Sample Date Sestational age at sample date 15/03/2025 Parameter Value Corr. MoMs AFP 32.2 ng/ml 0.84 HCG 13394 mIU/ml 0.30 uE3 0.9 ng/ml 1:10 Trisomy 21 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 Trisomy 21 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 measureme was done according to accepted guidelines (Prenat Diagnostic value! The patient combined risk presumes the NT measureme was done according to accepted guidelines (Prenat Diagnostic value! The patient combined risk presumes the NT measureme was done according to accepted guidelines (Prenat Diagnostic value! Trisomy 18 Trisomy 21 Trisomy 21 The calculated risk for trisomy 21 (with nuchal translucency) is elow the cut off, which indicates a low risk assessment! Calculated risk shave no diagnostic value! Trisomy 21 The calculated risk presumes the NT measureme was done according to accepted guidelines (Prenat Diagnostic value! Trisomy 21 The calculated risk for trisomy 18 (with nuchal translucency) is elow the cut off, which indicates a low risk area for neural tube defects.	Weight	48	Origin	Asian	Qualifications in measuring NT	
Sample Date Gestational age at sample date 15/03/2025 Gestational age at sample date 15/12 Parameter Value Corr. MoMs AFP 32.2 ng/ml 1.394 mlU/ml 0.30 uE3 0.9 ng/ml 0.93 Risk Trisomy 21 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 HCG 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 measurem was done according to accepted guidelines (Prenat Diar 18: 511-523 (1998)). The laboratory can not be hold responsible for their impa on the risk assessment! Calculated risks have no diagnostic value! The patient combined risk presumes the NT measurem was done according to accepted guidelines (Prenat Diar 18: 511-523 (1998)). The laboratory can not be hold responsible for their impa on the risk assessment! Calculated risks have no diagnostic value! The patient combined risk presumes the NT measurem was done according to accepted guidelines (Prenat Diar 18: 511-523 (1998)). The laboratory can not be hold responsible for their impa on the risk assessment! Calculated risks have no diagnostic value! Trisomy 18 Trisomy 18 Tricomy 21 The calculated risk for trisomy 18 (with nuchal translucency) is < 1:10000 Trisomy 18 Tricomy 21 The calculated risk for trisomy 18 (with nuchal translucency) is < 1:10000 Trisomy 18 Tricomy 21 risk Combined trisomy 21 risk Combined trisomy 21 risk Trisomy 21 The calculated risk for Trisomy 21 (with nuchal translucency) is elow the cut off, which indicates a low risk area for neural tube defects.	Smoker	no	IVF	no		
Gestational age at sample date Parameter Value Corr. MoMs AFP 32.2 ng/ml HCG 13394 mIU/ml 0.30 uE3 0.9 ng/ml 1:10 Trisomy 21 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 HCG 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 measureme was done according to accepted guidelines (Prenat Dia 18: 511-523 (1998)). The laboratory can not be hold responsible for their impa on the risk assessment! Calculated risks have no diagnostic value! The patient combined risk shave no diagnostic value! The patient combined risk shave no diagnostic value! The patient combined risk presumes the NT measureme was done according to accepted guidelines (Prenat Dia 18: 511-523 (1998)). The laboratory can not be hold responsible for their impa on the risk assessment! Calculated risks have no diagnostic value! Trisomy 18 Neural tube defects The corrected MoM AFP (0.84) is located in the low risk area for neural tube defects.	Biochemical dat	ta			Risks at term	
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HCG 13394 mlU/ml 0.30 uE3 0.9 ng/ml 0.93 Risk Trisomy 21 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 HCG 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 measureme was done according to accepted guidelines (Prenat Diagnostic value). The laboratory can not be hold responsible for their impa on the risk assessment! Calculated risks have no diagnostic value! Trisomy 18 Trisomy 18 The calculated risk for trisomy 18 (with nuchal translucency) is < 1:10000, which represents a low risk area for neural tube defects.	Parameter	V	/alue	Corr. MoMs	Combined trisomy 21 risk	<1:10000
Risk Trisomy 21 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 HCG 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 measureme was done according to accepted guidelines (Prenat Diagnostic value! The laboratory can not be hold responsible for their impain on the risk assessment! Calculated risks have no diagnostic value! Trisomy 18 Trisomy 18 Neural tube defects The corrected MoM AFP (0.84) is located in the low risk area for neural tube defects.	AFP		32.2 ng/ml	0.84	Trisomy 18 risk	<1:10000
Trisomy 21 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 HCG 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 measureme was done according to accepted guidelines (Prenat Diagnostic value). The laboratory can not be hold responsible for their impa on the risk assessment! Calculated risks have no diagnostic value! The calculated risk for trisomy 18 (with nuchal translucency) is < 1:10000, which represents a low risk area for neural tube defects.	HCG	1:	-	0.30		
Trisomy 21 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 HCG 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 measureme was done according to accepted guidelines (Prenat Diagnostic value). The laboratory can not be hold responsible for their impa on the risk assessment! Calculated risks have no diagnostic value! The calculated risk for trisomy 18 (with nuchal translucency) is < 1:10000, which represents a low risk area for neural tube defects.	uE3		0.9 ng/ml	0.93		
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 HCG 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 measureme was done according to accepted guidelines (Prenat Dial 18: 511-523 (1998)). The laboratory can not be hold responsible for their impa on the risk assessment! Calculated risks have no diagnostic value! Trisomy 18 Trisomy 18 Neural tube defects The calculated risk for trisomy 18 (with nuchal translucency) is < 1:10000, which represents a low	Diek				Trisomy 21	
The calculated risk for trisomy 18 (with nuchal translucency) is < 1:10000, which represents a low risk area for neural tube defects.	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 HCG 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 measureme was done according to accepted guidelines (Prenat Diagnostic value) and the laboratory can not be hold responsible for their impart on the risk assessment! Calculated risks have no diagnostic value!					
translucency) is < 1:10000, which represents a low risk area for neural tube defects.	Trisomy 18				Neural tube defects	
<u> </u>	translucency					