

Patient data				
Name	Mrs. ANIKITA DHABADE		Patient ID	0662310190172
Birthday	28-12-2000		Sample ID	24809473
Age at sample date	22.8		Sample Date	19-10-2023
Gestational age	12 + 5			
Correction factors				
Fetuses	1	IVF	no	Previous trisomy 21 pregnancies
Weight	44	diabetes	no	
Smoker	no	Origin	Asian	
Biochemical data			Ultrasound data	
Parameter	Value	Corr. MoM	Gestational age	12 + 5
PAPP-A	16.42 mIU/mL	2.69	Method	CRL Robinson
fb-hCG	39.54 ng/mL	0.88	Scan date	19-10-2023
Risks at sampling date			Crown rump length in mm	
Age risk	1:1042		65	
Biochemical T21 risk	<1:10000		Nuchal translucency MoM	
Combined trisomy 21 risk	<1:10000		0.96	
Trisomy 13/18 + NT	<1:10000		Nasal bone	
			present	
			Sonographer	
			NA	
			Qualifications in measuring NT	
			MD	
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 PAPP-A 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!	
Trisomy 13/18 + NT				
The calculated risk for trisomy 13/18 (with nuchal translucency) is < 1:10000, which represents a low risk.				

Sign of Physician