

Date of report: 08-03-2025
Prisca 5.1.0.17

N A

Patient data		Ultrasound data	
Name	Mrs. AMANI TWIN A	Gestational age at sample date	12 + 5
Birthday	11-09-1997	Method	Scan
Age at sample date	27.5	Scan date	25-01-2025
Patient ID	0842503030037		
Correction factors			
Fetuses	2	IVF	no
Weight in kg	45	diabetes	no
Smoker	no	Origin	Asian
		Previous trisomy 21 pregnancies	unknown
Pregnancy data		Parameter	Value
Sample Date	03-03-2025	PAPP-A	11.41mIU/mL
		fb-hCG	38.41 ng/mL
			1.03
			0.40
Risks at sampling date			
Age risk at sampling date	1:836	Trisomy 21	<1:10000
Overall population risk	1:600	Trisomy 13/18	<1:10000
Risk		Trisomy 21	
		The calculated risk for Trisomy 21 is below the cut off which represents a low risk. After the result of the Trisomy 21 test it is expected that among more than 10000 women with the same data, there is one woman with a trisomy 21 pregnancy. The risk for this twin pregnancy has been calculated for a singleton pregnancy with corrected MoMs. 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!	
Trisomy 13/18			
The calculated risk for trisomy 13/18 is < 1:10000, which indicates a low risk.			

Sign of Physician

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N A

Patient data		Ultrasound data	
Name	Mrs. AMANI TWIN B	Gestational age at sample date	12 + 5
Birthday	11-09-1997	Method	Scan
Age at sample date	27.5	Scan date	25-01-2025
Patient ID	0842503030037		
Correction factors			
Fetuses	2	IVF	no
Weight in kg	45	diabetes	no
Smoker	no	Origin	Asian
		Previous trisomy 21 pregnancies	unknown
Pregnancy data		Parameter	Value
Sample Date	03-03-2025	PAPP-A	11.41mIU/mL
		fb-hCG	38.41 ng/mL
			1.03
			0.40
Risks at sampling date			
Age risk at sampling date	1:836	Trisomy 21	<1:10000
Overall population risk	1:600	Trisomy 13/18	<1:10000
Risk		Trisomy 21	
		The calculated risk for Trisomy 21 is below the cut off which represents a low risk. After the result of the Trisomy 21 test it is expected that among more than 10000 women with the same data, there is one woman with a trisomy 21 pregnancy. The risk for this twin pregnancy has been calculated for a singleton pregnancy with corrected MoMs. 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!	
Trisomy 13/18			
The calculated risk for trisomy 13/18 is < 1:10000, which indicates a low risk.			

Sign of Physician