

Prisca 5.1.0.17
Date of report: 11-06-2025

N A

Patient data				
Name	Mrs. ANITA TAMBE TWIN B		Patient ID	0662506100336
Birthday	02-10-1998		Sample ID	B2971017
Age at sample date	26.7		Sample Date	10-06-2025
Gestational age	13 + 3			
Correction factors				
Fetuses	2	IVF	no	Previous trisomy 21 pregnancies
Weight	79	diabetes	no	
Smoker	no	Origin	Asian	
Biochemical data			Ultrasound data	
Parameter	Value	Corr. MoM	Gestational age	13 + 3
PAPP-A	3.34 mIU/mL	0.45	Method	CRL Robinson
fb-hCG	45.1 ng/mL	0.68	Scan date	10-06-2025
Risks at sampling date			Crown rump length in mm	
Age risk	1:905		77	
Biochemical T21 risk	1:1803		Nuchal translucency MoM	
Combined trisomy 21 risk	<1:10000		0.85	
Trisomy 13/18 + NT	<1:10000		Nasal bone	
			present	
			Sonographer	
			N A	
			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 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! 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

below cut off	Below Cut Off, but above Age Risk	above cut off
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