

Prisca 5.1.0.17
Date of report: 06-07-2025

N A

Patient data			
Name	Mrs. HEMA TWIN B		Patient ID
Birth day	01-05-2000		Sample ID
Age at sample date	25.2		Sample Date
Gestational age	12 + 2		
Correction factors			
Fetuses	2	IVF	yes
Weight	63	diabetes	no
Smoker	no	Origin	Asian
			Previous trisomy 21 pregnancies
			unknown
Biochemical data			Ultrasound data
Parameter	Value	Corr. MoM	Gestational age
PAPP-A	5.98 mIU/mL	0.95	12 + 0
fb-hCG	43.85 ng/mL	0.47	Method
			CRL Robinson
			Scan date
			01-07-2025
Risks at sampling date			Crown rump length in mm
			56.1
Age risk	1:946		Nuchal translucency MoM
Biochemical T21 risk	<1:10000		0.81
Combined trisomy 21 risk	<1:10000		Nasal bone
Trisomy 13/18 + NT	<1:10000		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