

Prisca 5.1.0.17
Date of report: 10-10-2025

N A

Patient data				
Name	Mrs. LAXMI LOHAKARE TWIN A		Patient ID	0662510090146
Birthday	16-10-1993		Sample ID	B3836739
Age at sample date	32.0		Sample Date	09-10-2025
Gestational age	12 + 4			
Correction factors				
Fetuses	2	IVF	no	Previous trisomy 21 pregnancies
Weight	50	diabetes	no	
Smoker	no	Origin	Asian	
Biochemical data			Ultrasound data	
Parameter	Value	Corr. MoM	Gestational age	12 + 4
PAPP-A	10.75 mIU/mL	1.16	Method	CRL Robinson
fb-hCG	40.52 ng/mL	0.42	Scan date	09-10-2025
Risks at sampling date			Crown rump length in mm	
Age risk	1:487		63.1	
Biochemical T21 risk	<1:10000		Nuchal translucency MoM	
Combined trisomy 21 risk	<1:10000		0.62	
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

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N A

Patient data			
Name Mrs. LAXMI LOHAKARE TWIN B		Patient ID 0662510090146	
Birthday 16-10-1993		Sample ID B3836739 TWIN B	
Age at sample date 32.0		Sample Date 09-10-2025	
Gestational age 12 + 5			
Correction factors			
Fetuses 2	IVF no	Previous trisomy 21 pregnancies unknown	
Weight 50	diabetes no		
Smoker no	Origin Asian		
Biochemical data		Ultrasound data	
Parameter	Value	Corr. MoM	Gestational age 12 + 5
PAPP-A	10.75 mIU/mL	1.09	Method CRL Robinson
fb-hCG	40.52 ng/mL	0.44	Scan date 09-10-2025
Risks at sampling date			Crown rump length in mm 66.3
Age risk 1:489			Nuchal translucency MoM 0.59
Biochemical T21 risk <1:10000			Nasal bone present
Combined trisomy 21 risk <1:10000			Sonographer N A
Trisomy 13/18 + NT <1:10000			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