

# MATERNAL SERUM SCREENING REPORT

CARDIFF AND VALE UNIVERSITY HEALTH BOARD  
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biochem

Report To:

Tel.

Surname                      Forename                      DOB                      CRN  
**TEST**                      **TEST**                      [REDACTED]                      **TEST**  
Address

Date of Sample **19/01/2021**      Laboratory Number [REDACTED]      Date of Receipt **25/02/2021**

Scan Date **19/01/2021**      CRL [REDACTED]      HC

Gestational Estimate at Scan Date [REDACTED]

Maternal Weight [REDACTED]

Age [REDACTED]

Smoking [REDACTED]

Ethnicity

IDDM **No**

Specimen notes:

hCGb	<b>12</b>	ng/mL	hCGb	MoM	<b>0.30</b>
PAPP-A	<b>350</b>	mU/L	PAPP-A	MoM	<b>0.16</b>
NT	<b>3.9</b>	mm	NT	MoM	<b>2.57</b>

**CHANCE OF DOWN'S SYNDROME**                      **1 in 20**  
**HIGHER CHANCE**

**CHANCE OF EDWARDS' AND PATAU'S SYNDROME**                      **1 in 2**  
**HIGHER CHANCE**

Date of Report: 25/02/2021 11:18