

# MATERNAL SERUM SCREENING REPORT

CARDIFF AND VALE UNIVERSITY HEALTH BOARD  
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biochem

Report To:

Tel. 029 20742196

Tel.

Surname	Forename	DOB	CRN
<b>TEST</b>	<b>TEST</b>	[REDACTED]	<b>TEST</b>
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 [REDACTED] IDDM **No**

Specimen notes:

hCGb	<b>7</b>	ng/mL	hCGb	MoM	<b>0.16</b>
PAPP-A	<b>1492</b>	mU/L	PAPP-A	MoM	<b>0.69</b>
NT	<b>1.8</b>	mm	NT	MoM	<b>1.19</b>

**CHANCE OF DOWN'S SYNDROME** **1 in 10000**  
**LOWER CHANCE**

**CHANCE OF EDWARDS' AND PATAU'S SYNDROME** **1 in 3100**  
**LOWER CHANCE**

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