

**PATIENT HISTORY FORM FOR NON-INVASIVE PRENATAL TESTING (NIPT)**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Ordering Provider \_\_\_\_\_ Physician Phone \_\_\_\_\_  
 Physician FAX \_\_\_\_\_ Physician Pager/Cell: \_\_\_\_\_  
 Genetic Counselor \_\_\_\_\_ Genetic Counselor Phone \_\_\_\_\_

Draw Date: \_\_\_\_\_ Gestational Age at Draw: \_\_\_\_\_ weeks \_\_\_\_\_ days  
 Fetal gender by ultrasound:  Male  Female  Ambiguous  Unknown  
 Patient's current weight \_\_\_\_\_ lbs (or) \_\_\_\_\_ kgs  
 Patient's height \_\_\_\_\_ inches (or) \_\_\_\_\_ cm

Is this a twin or multiple gestation pregnancy?  Yes\*  No  Unknown  
 Was an egg donor or surrogate used, or has the patient had an allogenic bone marrow transplant?  Yes\*  No  
**\*If the answer to either question is "Yes" then this screen is NOT appropriate for this patient. If you have questions, please contact genetics at 800-242-2787 x2141 before drawing the patient.**

**Indication for testing (check all that apply):**

Advanced Maternal Age:  Primigravida / 1st Trimester (O09.511)  Primigravida / 2nd Trimester (O09.512)  
 Multigravida / 1st Trimester (O09.521)  Multigravida / 2nd Trimester (O09.522)  
 Ultrasound Abnormality (O28.3):(please describe) \_\_\_\_\_  
 Abnormal Antenatal Screening (Mother):  chromosomal (O28.5) Serum screen positive for  T21  T18  T13  
 Risk based on MSS was 1 in \_\_\_\_\_  
 biochemical (O28.1)  Other (O28.8) (please describe) \_\_\_\_\_  
 Encounter for other screening for genetic and chromosomal anomalies (Z13.79)  
 Family History (Z82.79):(please describe) \_\_\_\_\_  
 Personal History: Balanced translocation/inversion in normal individual (Q95.0): (Complete below)  
 Translocation/inversion present in  the patient  in the FOB  in a previous child/fetus  
 Translocation/inversion involving which chromosome(s)? \_\_\_\_\_  
 Other: (please describe) \_\_\_\_\_

**I want to know the sex of the fetus** (sex will be reported if nothing is checked)  Yes  No

**Please Circle the test you intend to order**

- 2007537 Non-Invasive Prenatal Testing for Fetal Aneuploidy** Screening test for fetal aneuploidy involving chromosomes 13, 18, 21, X and Y
- 2010232 Non-Invasive Prenatal Testing for Fetal Aneuploidy with Microdeletions** Screening test for fetal aneuploidy involving chromosomes 13, 18, 21, X and Y, as well as for deletions causing DiGeorge/Velocardiofacial, 1p36, Angelman, Cri-du-chat and Prader-Willi syndromes
- 2013142 Non-Invasive Prenatal Testing for Fetal Aneuploidy with 22q11.2 Microdeletion** Screening test for fetal aneuploidy involving chromosomes 13, 18, 21, X and Y, as well as for deletions causing DiGeorge/Velocardiofacial syndrome.

**Billing Information:**  ARUP client bill  Patient bill (patient insurance information required)

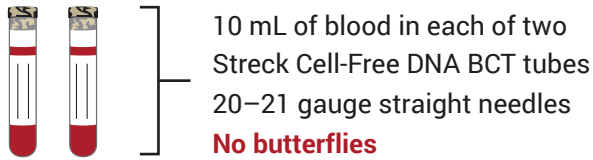
**PLEASE SUBMIT ARUP TEST REQUISITION IN ADDITION TO THIS PATIENT HISTORY FORM**

# Collection Instructions

## Purpose of Proper Collection

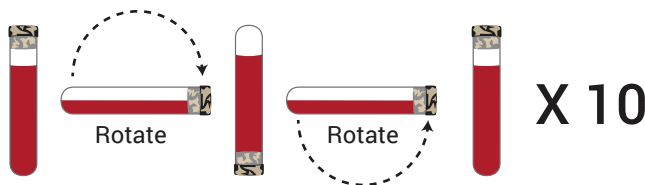
The NIPT screen measures fetal DNA in maternal blood plasma. Each step below is important to ensure that the maternal blood cells do not lyse and release extra maternal DNA in the plasma. If this happens, the fetal DNA fraction in the plasma becomes too small and is not able to be analyzed. In these cases, a redraw sample may be requested.

### 1 COLLECT MOTHER'S BLOOD



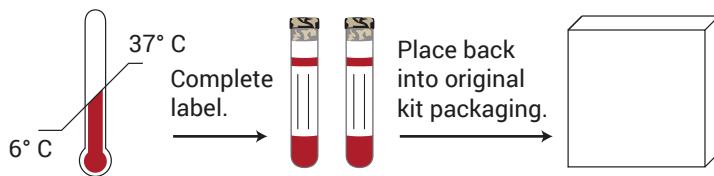
Blood cell breakage is minimized when the correct needle is used and extra tubing (e.g., “butterfly needles”) is avoided. The proper technique is the shortest distance from the vein to the collection tube with a straight 20–21 gauge needle.

### 2 GENTLY MIX SAMPLE—DO NOT SHAKE



A preservative in the tube protects the cells during transport. This preservative must be gently mixed with the entire blood volume by completely inverting the tube 10 times. If the sample is not completely and thoroughly mixed, a fraction of the cells may lyse and release additional maternal DNA into the plasma, requiring a second sample.

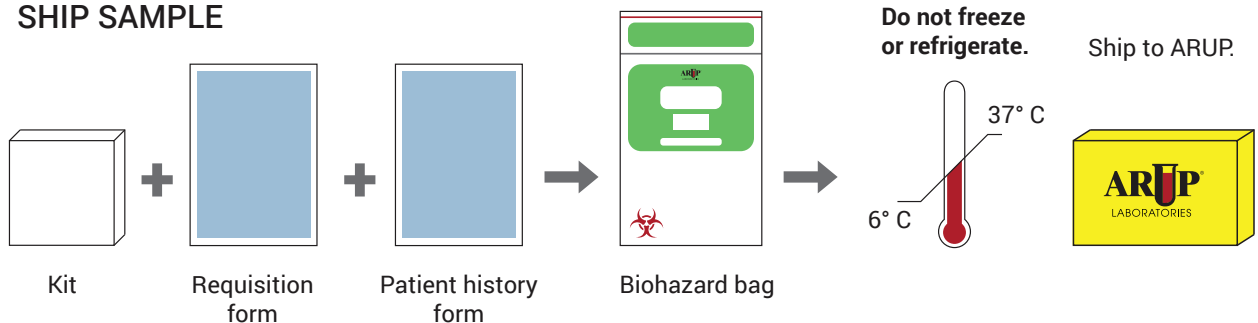
### 3 PRE-PACK SAMPLE



High or low temperatures may cause the cells to lyse and release additional maternal DNA into the plasma, thus diluting the fetal component and requiring a second sample.

Tubes are made of glass. To avoid breakage during transport, please place them back into original kit packaging.

### 4 SHIP SAMPLE



Do not freeze or refrigerate.

Ship to ARUP.