

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

Patient Name _____ Date of Birth _____
 Ordering Provider _____ NPI# _____ Physician Phone _____
 Physician FAX _____ Physician Pager/Cell: _____
 Genetic Counselor _____ Genetic Counselor Phone _____

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

For twin or surrogate/egg donor pregnancies, check all that apply. We do NOT accept vanished twin, higher order multiple gestation pregnancies, or twins conceived using a surrogate or egg donor.*

Ongoing **twin pregnancy**: monozygotic dizygotic
 IVF conceived pregnancy: Age of genetic mother at egg retrieval _____
 Surrogate or **egg donor** pregnancy

**Twin/egg donor samples will be forwarded to, and run at Naterra and reported by ARUP*

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
- 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 – NOT AVAILABLE for Twin or Egg Donor/Surrogate pregnancies (exception: monozygotic twin gestations)
- 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 – NOT AVAILABLE for Twin or Egg Donor/Surrogate pregnancies

TPB Institutions Only: Front and back copies of insurance card required with specimen submission

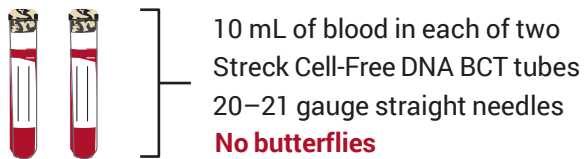
Please submit TEST REQUISITION or ELECTRONIC ORDER in addition to this patient history form

Collection Instructions

Purpose of Proper Collection

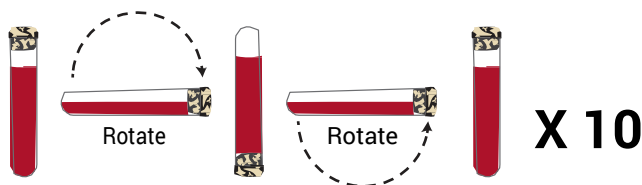
The NIPT screen measures fetal DNA in maternal blood plasma. Each step below is important to ensure that the maternal blood cells do not lyse and release extra maternal DNA in the plasma. If this happens, the fetal DNA fraction in the plasma becomes too small and is not able to be analyzed. In these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

1 COLLECT MOTHER'S BLOOD



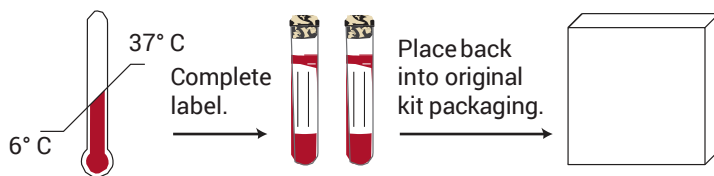
Blood cell breakage is minimized when the correct needle is used and extra tubing (e.g., “butterfly needles”) is avoided. The proper technique is the shortest distance from the vein to the collection tube with a straight 20–21 gauge needle.

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

