ARUP LABORATORIES | NATIONAL REFERENCE LABORATORY

A nonprofit enterprise of the University of Utah and its Department of Pathology

500 Chipeta Way
Salt Lake City, Utah 84108-1221
phone: (801) 583-2787 | toll free: (800) 242-2787
fax: (801) 584-5249 | www.aruplab.com

THIS IS NOT A TEST REQUEST FORM.
Please fill out this form and submit it with the test request form or electronic packing list.

PATIENT HISTORY FOR NON-INVASIVE PRENATAL TESTING (NIPT)

Patient Name_____ **Date of Birth**_____

Ordering Provider_____ **NPI#**_____

Physician Phone _____ **Physician Fax** _____ **Physician Pager/Cell** _____

Genetic Counselor_____ **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 Natera 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 <u>will</u> be reported if nothing is checked) ☐ Yes ☐ No

Please check 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

Master Label

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

For questions, contact an ARUP genetic counselor at (800) 242-2787, ext. 2141

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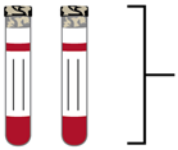
COLLECTION INSTRUCTIONS

Purpose of Proper Collection

The NIPT screen measures fetal DNA in maternal blood plasma. Each step below is important in ensuring 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.

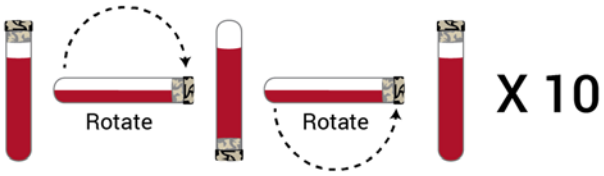
1 COLLECT MOTHER'S BLOOD



10 mL of blood in each of two Streck Cell-Free DNA BCT tubes
20–21 gauge straight needles
No butterflies

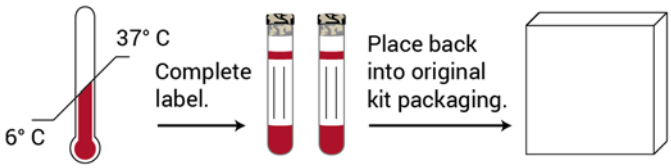
Blood cell breakage is minimized when the correct needle is used and extra tubing (i.e., "butterfly needles") is avoided. The proper technique is the shortest distance from the vein to the collection tube with a straight 20–21 gauge needle.

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