

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:** _____ **Sex:** Female Male
Ordering Provider: _____ **NPI #:** _____
Physician Pager/Cell: _____ **Physician Phone:** _____
Practice Specialty: _____ **Physician Fax:** _____
Genetic Counselor: _____ **Counselor Phone:** _____
Draw date: _____ **Gestational age at draw:** _____ weeks _____ days
Patient's current weight: _____ lb / kg **Patient's height:** _____ in / cm
Fetal sex by ultrasound: Male Female Ambiguous Unknown

For twin or surrogate/egg donor pregnancies*, check all that apply

We do NOT accept vanished twin or 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, but still 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) (describe): _____
- Abnormal antenatal screening (mother):
 - Biochemical (O28.1) Serum screen positive for:
 T21 T18 T13
 Risk based on MSS was 1 in _____
 - Chromosomal (O28.5)
 - Other (O28.8) (describe): _____
- Encounter for other screening for genetic and chromosomal anomalies (Z13.79)
- Family history (Z82.79) (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 chromosome(s): _____
 - Other (describe): _____

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

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

Master Label

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

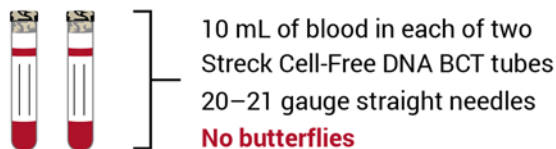
For questions, contact an ARUP genetic counselor at 800-242-2787 ext. 2141

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.

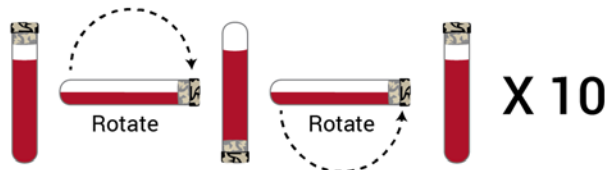
- 1 COLLECT MOTHER'S BLOOD**



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.

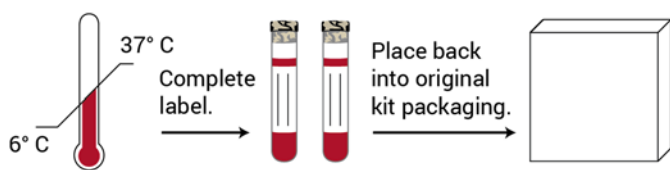
- 2 GENTLY MIX SAMPLE—DO NOT SHAKE**



Rotate X 10

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**

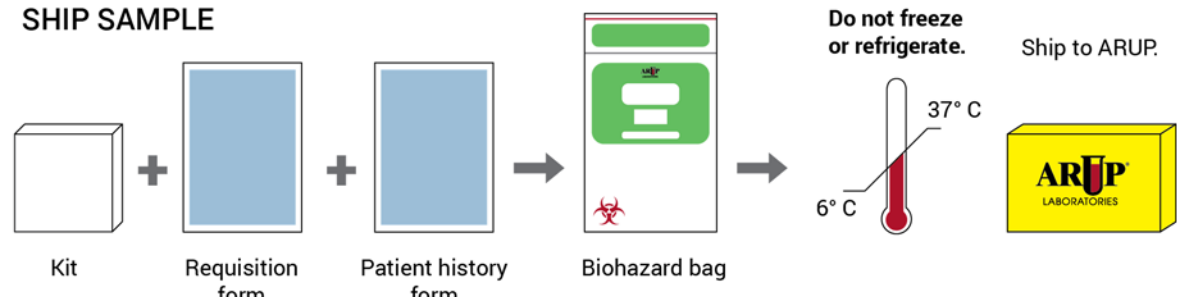


Complete label. Place back into original kit packaging.

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.

Kit + Requisition form + Patient history form -> Biohazard bag -> 6°C to 37°C -> ARUP LABORATORIES