Place ULTRA barcode here

virtus DIAGNOSTICS

Place NATERA collection kit barcode here

panorama™ natera prenatal screen

Non Invasive Prenatal Test (NIPT) Pathology Request

1 PATIENT INFORMATION

Patient Name (Last, First): _____

DOB (DD/Month/YYYY): _____

Address: _____

City: _____ State: _____

Post Code: _____ **AUSTRALIA** Phone: +61 _____

Email: _____

Weight: (kg): _____ **Height:** (cm): _____

What stage of pregnancy is patient at?

☐ 1st Trimester ☐ 2nd Trimester ☐ 3rd Trimester

Due Date (DD/Month/YYYY) _____

Patient must be at least 9 weeks gestational age.

Is this a twin, vanished twin, surrogate, or egg donor case? ☐ Yes ☐ No
If Yes, DO NOT submit a blood sample. We do not accept these cases.

Patient Consent I have read or have had read to me the summary information about the Panorama Non-Invasive Prenatal Test (NIPT) on the reverse of this form. I have had the opportunity to ask questions of my doctor regarding this test, including the reliability of test results, the limitations, and the alternatives. I request and authorise Natera to test my sample(s) for the chromosome abnormalities listed below.

Patient Signature & Date: _____ (DD/ Month /YYYY) / /

2 ORDERING CLINICIAN

Ordering Clinician: _____

Provider Number: _____

Address: _____

City: _____

State: _____ Post Code: _____ **AUSTRALIA**

Phone: +61 _____ Fax: +61 _____

Clinician Consent I confirm that all information on this form is accurate and complete to the best of my knowledge and that I have explained the benefits and limitations of the Natera Panorama NIPT to the patient to the best of my ability. I hereby order the Natera Panorama NIPT for this patient.

Clinician Signature: _____

Date (DD/Month/YYYY): / /

NATERA LIMS ID LAB 1011

Fax results to Virtus Diagnostics (Queensland Fertility Group)
Fax +61 7 3015 3051

3 SCREENING OPTIONS

Select ONE screening panel option below:

☐ **PANORAMA PRENATAL PANEL**
Chromosomes 13, 18, 21, X & Y and Triploidy

☐ **PANORAMA PRENATAL PANEL + 22Q11.2 DELETION**
Chromosomes 13, 18, 21, X & Y and Triploidy, 22q11.2 Deletion

☐ **PANORAMA EXTENDED PANEL**
Chromosomes 13, 18, 21, X & Y and Triploidy, 22q11.2 Deletion PLUS four microdeletions

☐ Tick to **ADD FETAL SEX** to Report (available with any screening option above)

4 BOOK AN APPOINTMENT

QueenslandFertilityGroup
Leading minds dedicated to your success

Call your local Queensland Fertility Group clinic to book an appointment.
Mon - Thurs 8.30am - 4pm and Friday 8.30am - 12 noon
All tests are by **APPOINTMENT ONLY.**

Brisbane	Level 2 Boundary Court 55 Little Edward St Spring Hill	(07) 3015 3000
	Level 3 Watkins Medical Centre 225 Wickham Tce Spring Hill	(07) 3015 3195
	North West Specialist Centre 125 Flockton St Everton Park	(07) 3015 3193
Gold Coast	13 Carrara St	(07) 5564 8455
Mackay	5 Discovery Lane	(07) 4965 6500
Townsville	18 Oxford St	(07) 4772 8900
Toowoomba	9 Scott St	(07) 4638 5243

5 SAMPLE COLLECTION DETAILS

Collector Statement: All sections of the request form have been checked and the identity of the patient(s) was verified and the sample(s) labelled immediately after collection.

Date of Blood Draw (DD/Month/YYYY): / / Time of Blood Draw: _____ Number of blood sample tubes collected: _____ (2 x 10ml required)

Collection Location: _____ **Collector's INITIALS**: _____ & Signature: _____

6 PAYMENT DETAILS

Detach and destroy this portion after processing

Credit card details must be completed below or the test will not be performed.
If the payment fails to complete, you will be contacted to verify that the details below are correct and/or be given the opportunity to make payment by another method.
If payment is not confirmed within 72 hours, the test will not be processed and a new sample will need to be collected.

Card type: ☐ Visa ☐ Mastercard **Amount to be debited:** _____

Name on Card: _____ **Signature:** _____

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **CCV:** ☐☐☐ **Expiry Date:** ☐☐/☐☐

CLN-085 | QLD | 16JANUARY2017

Non Invasive Prenatal Test (NIPT)
Pathology Request Patient Information

This is a non-invasive blood test which studies the fetal DNA in the mother's blood and can be done from 9 to 39 weeks pregnancy. The fetal DNA tested comes from the placenta; this DNA is identical to the DNA found in the actual cells of the fetus in about 98% of all pregnancies. The condition where the DNA in the placenta is different to that of the fetus is known as confined placental mosaicism.

It is NOT suitable for:

- Multiple pregnancy
- Donor eggs or embryos
- Women with a past bone marrow transfer

The purpose of the Panorama Non-Invasive Prenatal Test (NIPT) is to screen the fetus for the chromosome abnormalities, including the specific whole extra or missing chromosomes 13, 18, 21, X and Y plus optionally specified microdeletions (small missing sections of specified chromosomes). You have the option of requesting a screen and reporting of the fetal sex as well. This screen will therefore detect common chromosome problems such as Down syndrome that may lead to a child born with degrees of mental impairment.

It does NOT detect:

- Any other cause for mental impairment in a child
- Disorders of any other chromosomes, that may lead to an early miscarriage
- Any other cause for birth defects

The test takes two to three weeks to perform. At that time you will receive one of the following results:

High Risk: There is an increased likelihood that your fetus has an abnormality of one of the above chromosomes and further investigation is strongly recommended.

Low Risk: There is a reduced likelihood that your fetus has an abnormality of one of the above chromosomes.

No result: This can happen when there is insufficient fetal DNA to give a clear result. The test would then need to be repeated (at no cost to you) and this would add 2 to 3 weeks onto your gestation period by the time you receive a new result. A high BMI will increase the likelihood of a low/insufficient fetal DNA content.

A "No result" may also happen if the parents are related or the mother's parents are related. Also when there is a multiple pregnancy or vanishing twin or for any other reason the DNA pattern is not clear. A repeat test in these instances is unlikely to generate a result and you will be offered a refund.

The result will be sent back to your referring doctor who will contact you to let you know.

With confined placental mosaicism affecting 1 – 2% of pregnancies, an incorrect high- or low- risk result can occur. The Panorama screen is not a diagnostic test – it will not confirm any of these chromosome abnormalities. It will only provide the risk for each of these in your current pregnancy. Therefore, **DECISIONS ABOUT YOUR PREGNANCY SHOULD NEVER BE MADE BASED ON THESE SCREENING RESULTS ALONE AS THEY NEITHER CONFIRM NOR RULE OUT THE PRESENCE OF A CHROMOSOME ABNORMALITY IN THE FETUS.**

It is the responsibility of your doctor ordering this test to understand the reliability of the test results, the limitations and the alternatives and to explain them to you. Before you commence with the test and sign this form, please ask your doctor for more information about the test and the results if required.