

TEST REQUISITION FORM

PATIENT DETAILS

Protocol no. (internal use only): _____

Name _____

Surname _____

Date of birth _____ Place of birth _____

VAT no. _____

Address: _____

Date of blood withdraw _____

Gynecologist name: _____

Address: _____

Phone no.: _____

E-mail: _____



ORDERING LABORATORY / CLINICIAN

 Name / Stamp

PATIENT MEDICAL HISTORY

PREGNANCY HISTORY

Patient current weight Kg _____ Patient height _____

Gestational age at draw _____ + days _____

Gestational age calculated by:

Ultrasound; last menstrual period; IVF treatment

Twin pregnancy? Yes; **NO IVF Pregnancy?** Yes; NO

INDICATION FOR TESTING

Advanced maternal age; Parental anxiety (low-risk)

Abnormal ultrasound (describe): _____

Previous pregnancy with aneuploidy;

Abnormal maternal serum screening test;

Other indication _____ None

TYPE OF TEST

For **Singleton** Pregnancy: FAST PROTOCOL option

Prenatal**SAFE**® **3** test (for chromosomes 21, 18,13 only)

Prenatal**SAFE**® **5** test (for chromosomes 21, 18, 13, X, Y)

Prenatal**SAFE**® **Plus** test (for chr. 21, 18, 13, X, Y) +
 Panel 6 Microdeletion*; Trisomies 9 and 16 option

Prenatal**SAFE**® **Karyo** test (genome-wide NIPT that provides karyotype-level insight)

Prenatal**SAFE**® **Karyo Plus** test (genome-wide NIPT that provides karyotype-level insight + Panel 9 Microdeletions**)

Do you wish to know the fetal gender? Yes; NO

Is it a redraw? Yes; NO

For **Twin** Pregnancy: FAST PROTOCOL option

Prenatal**SAFE**® **3** test (for chromosomes 21,13,18 only)
 Presence of Y option

Prenatal**SAFE**® **Karyo** test (genome-wide NIPT that provides karyotype-level insight)

Is it a redraw? Yes; NO

*This option includes the following syndromes:
 22q11 deletion (DiGeorge); 15q11 deletion (Angelman/ Prader-Willi);
 1p36 deletion, 4p- (Wolf-Hirschhorn); 5p- (Cri-du-chat)

** This option includes in addition the following syndromes::
 11q23 deletion (Jacobsen), 8q24 deletion (Langer-Giedion), 17p11.2 deletion Smith-Magenis

CHECK LIST

Please check if you provided the following information:

Patient's details;

Pregnancy history

Pregnancy history

If wish to know the fetal gender;

If it is a redraw;

Reporting preferences;

Informed consent;

Please check if you performed the following procedures:

Reading test submission instructions.

Reading sample collection and packaging instructions.

REPORTING PREFERENCES

PHYSICIAN / LABORATORY

 Name / Stamp

E-mail; On-Line; Mail; Courier

PATIENT

E-mail; address _____

On-Line; By Phone, no.: _____

In order to activate the on-line reporting option, you need to provide us an user name and a password:

Username: _____ Password: _____

Signature _____



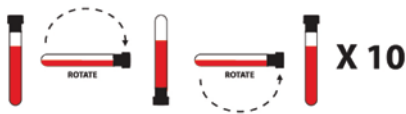
Test Submission Instructions

Informed consent and test requisition form

IMPORTANT: Fill in all required Test Requisition Form information to avoid delays and ensure timely reporting.

To ensure acceptance of your patient's specimen for testing, please verify that the **informed consent** has been signed from the patient and it has been enclosed with samples:

Sample collection instruction:



- Take the 10ml collection tube from the **PrenatalSafe®** Test Shipper Kit.
- Write the blood **collection date** in the specimen information section of the test requisition form.
- Write the **patient's full name** and **date of birth** on the collection tube label.
- Fill the collection tube almost completely with whole blood.
- Invert the collection tube **10 times**.

Store collected blood at **room temperature** until ready for shipment. **Blood should never be frozen!**

Sample Packaging:

IMPORTANT: Always store kits at **room temperature**.

- Place the filled and properly labeled collection tube into the **PrenatalSafe®** shipper kit box. Only one patient sample per box.
- Place the completed **test requisition form** and **informed consent** into the shipper kit box, at the side.
- Close box.
- Place shipper kit box inside of **FedEx Clinical Pak** and seal.
- If you are shipping more than one sample, place as many as possible collection tubes into one shipper kit.
- If you are shipping more than one shipper kit, place as many as possible into one FedEx Clinical Pak.
- Adhere the **FedEx airbill** pouch to the outside of the FedEx Clinical Pak. Insert the airbill into the pouch.
- **Call FedEx** to arrange specimen pickup
- Ship specimens, preferably the **same day** as collected. Specimens must be received by Genoma **within 5 days** of collection date. Genoma receives specimens Monday through Saturday.