Ninalia
by eurofins biomnis

Test request form
Non Invasive Prenatal Testing
of trisomies 13, 18 and 21 (NIPT)

In order to evaluate the pertinence of this test for your patient, we would ask you to kindly contact the International Division at international@biomnis.com

PRESCRIBING CLINICIAN

First name(s): ..... Surname: .....
Address: .....
Post code: ⌊_⌊_⌊_⌊_⌊_⌋ City: .....
Country: ..... Email: .....
Tel.: ⌊_⌊_⌊_⌊_⌊_⌊_⌋ Fax: ⌊_⌊_⌊_⌊_⌊_⌊_⌋

Clinician's stamp

Reserved for
Eurofins Biomnis Laboratory
Barcode sticker

PATIENT

First name(s): .....
Name of birth: .....
Surname: .....
Date of birth: ⌊D_D⌋⌊M_M⌋⌊Y_Y_Y_Y⌋
Tel.: ⌊_⌊_⌊_⌊_⌊_⌊_⌋

Address: .....
.....
Post code: ⌊_⌊_⌊_⌊_⌊_⌋ City: .....
Country: .....

CLINICAL INFORMATION

Current stage of pregnancy: ..... WA (min 12 WA)
Pregnancy: ☐ monofœtal ☐ Twin *(specify)*:
In vitro fertilisation : ☐ NO ☐ YES
Pre-pregnancy weight: ⌊_⌊_⌊_⌋,⌊_⌋ kg

The copy of the result of the ultrasound is attached: ☐ NO ☐ YES

Due date: ⌊D_D⌋⌊M_M⌋⌊Y_Y⌋
☐ DCDA ☐ MCDA ☐ MCMA
Implantation date: ⌊D_D⌋⌊M_M⌋⌊Y_Y⌋
Height: ⌊_⌊_⌊_⌋ cm

If no, I confirm there is no ultrasound abnormalities

Prescribing clinician's signature

PATIENT HISTORY

Gravidity: ..... Parity: ..... Miscarriages: .....
Previous pregnancy with chromosomal anomaly: .....
Previous family or personal history of genetic illness *(specify)*: .....
.....

INDICATIONS

☐ Risk ≥ 1/1000 according to maternal serum markers whatever the type of screening (combined 1st trimester, 2nd trimester with or without the Nuchal translucency measurements in the 1st trimester): *Please specify and supply the report for:*

T13 = 1/ ..... T18 = 1/..... T21 = 1/ .....

☐ Maternal age ≥ 38 years for patients who did not benefit of the maternal serum markers screening
☐ One of the parent is carrier of a Robertsonian translocation involving chromosome 13 or 21 - *please supply the report*
☐ Unreliable maternal serum markers results (twin pregnancy, serum markers with borderline values)
☐ History of pregnancy with fœtal aneuploidies - *please supply the report*
☐ Other *(specify)*: .....
.....
.....
.....

Prescribing clinician's signature

TEST MENU OPTION* (SEE PAGE 2)

Gender determination: ☐ YES ☐ NO
Sex chromosomes aneuploidies detection[1]: ☐ YES ☐ NO

[1] There is limited data available on sex chromosomes aneuploidies (Monosomy X, XXX, XXY, XYY) and additional information is not currently available

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B17-INTGB - April 2017

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LABORATORY

This test requires a specific Ninalia NIPT kit which is available on specific request.

Please contact the International Division at international@biomnis.com to order the kit and to schedule optimal sample collection and transport conditions for your patient.

Sample collected on: D D M M Y Y **at** h **min**

Important

Documents to send with sample:

- Medical prescription
- The specific test request form duly completed
- Genetic consent and information form, signed by the patient and the prescribing clinician
- A copy of the ultrasound report from the 1st trimester (or the confirmation on page 1 of the test request form that there is no ultrasound abnormalities)
- Documents requested in the test request form according to the indication

*** Guidelines of Eurofins Biomnis (based on the recommendations of ACMG *[American College of Medical Genetics and Genomics]*):**

- *Informing all pregnant women, as part of pretest genetic counseling for NIPT, of the availability of the expanded use of screening for sex chromosome aneuploidies.*
- *Providers should make efforts to deter patients from selecting sex chromosome aneuploidy screening for the sole purpose of biologic sex identification in the absence of a clinical indication for this information.*
- *Informing patients about the performance of the test and particularly about the increased possibilities of false-positive results for sex chromosome aneuploidies as part of pretest counseling and screening for these conditions. Patients should also be informed of the potential for results of conditions that, once confirmed, may have a variable prognosis (e.g., Turner syndrome) before consenting to screening for sex chromosome aneuploidies.*
- *Referring patients to a trained genetics professional when an increased risk of sex chromosome aneuploidy is reported after NIPT.*
- *Offering diagnostic testing when a positive screening test result is reported after screening for sex chromosome aneuploidies.*
- *Providing accurate, free, up-to-date information and materials at an appropriate literacy level when a fetus is diagnosed with a sex chromosome aneuploidy in an effort to educate prospective parents about the specific condition. These materials should reflect medical and psychosocial implications for the diagnosis.*

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