



- Sample date:

Weeks of amenorrhea:

**- Sample type**

Amniotic fluid (CLA ou CHN)

Chronic villi sampling (CVS)

Products of conception (PoC)

Foetal blood (FB)

**Tube 1** ▶ Volume: ..... mL

▶ Appearance:  clear  brown  bloody

**Tube 2** ▶ Volume: ..... mL

▶ Appearance:  clear  brown  bloody

In cases of twin pregnancy, please indicate the number of foetus sampled: .....

**TEST REQUEST**

FŒTAL CARYOTYPE

CONSTITUTIONAL MOLECULAR KARYOTYPE-SNP ARRAY (SNPRE)

*For all test requests, please supply 5 mL EDTA maternal blood sample and 5 mL EDTA paternal blood sample..*

Risk of trisomy 21 by MSM greater than or equal to 1/50 - *Joindre obligatoirement le compte-rendu*

Positive NIPT - *The report DPNI-ADNlc must be supplied*

Ultrasound abnormalities - *The ultrasound report must be supplied*

Parental chromosomal anomalies - *The report must be supplied*

The couple has a previous history of pregnancy with an abnormal karyotype - *The report must be supplied*

Âge maternel > 38 ans [sans dépistage de la trisomie 21 (MSM ou DPNI-ADNlc)] après 18 SA

Personal request: .....

Other: .....

*IN SITU* HYBRIDISATION (FISH)

- **Rapid diagnosis on uncultivated nuclei:**  Chromosome 21 (NC21)  Chromosomes 13, 18, 21, X, Y (NCKIT)

- **Microdeletion screening** - *Please specify:* .....

*For any additional request, it is highly recommended to take a third tube according to the term of pregnancy.*

FŒTAL BIOCHEMISTRY

Alpha fetoprotein (αFP) (AFPLA)  Acetylcholinesterase (AChE) (ACOLA)  Digestive enzymes

Other: .....

**FŒTAL INFECTION PROFILE**

**• Indication:**

Ultrasound signs :  YES  NO If yes, please specify: .....

Seroconversion:  YES  NO If yes, date of pregnancy at the time of seroconversion:

**• Desired pathogens:**

Cytomegalovirus (CMVLA)  Parvovirus B19 (PARLA)  Toxoplasmosis (TOXLA)  HSV1/HSV2 (HSVLA)

Rubella (RUBLA)  Varicella Zoster (VZVLA)  Other: .....

Zika (ZIKLA) ▶ Stay in endemic areas:  YES  NO If yes, return date:

▶ Spouse presenting a positive sample for Zika:  YES  NO

*Please supply the maternal serology results and the date of seroconversion as well as the latest ultrasound report..*

MOLECULAR GENETICS

*For all test requests, please supply 5 mL EDTA maternal blood sample and 5 mL EDTA paternal blood sample.*

Uniparental disomy (DUPRE)  Cystic fibrosis (CFTR, full genotyping using New Generation Sequencing (NGS)) (MUCON)  
*Which chromosomes 7, 14, 15: .....*

Mono-/di-zygotic (twins) (ZYGO)  Prader-Willi syndrome (SNRPL)

Cystic fibrosis (CFTR, screening for most common mutations) (MUCOL): (see specific file available on [www.eurofins-biomnis.com](http://www.eurofins-biomnis.com))  Sanger: *contact us (9220P)*

Fragile X syndrome (XFRAP)

Other: .....

**Documents**

- Test request form indicating which tests to be performed