virtus DIAGNOSTICS

panorama™ NEXT GENERATION NIPT POWERED BY NATERA®

Place ULTRA barcode here

Place NATERA collection kit barcode here

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 gestation. 22q is not available for dizygotic twins or egg donors. Extended panel is not available for twins or egg donors.

For twin or surrogate pregnancies, check all that apply. We do NOT accept vanished twin, higher order multiple gestation pregnancies with more than 2 fetuses, or twins conceived using a surrogate or egg donor.

☐ **IVF conceived pregnancy:** Age of mother at egg retrieval _____

☐ **Ongoing twin pregancy:** ☐ Monochorionic ☐ Dichorionic ☐ Don't know

☐ Surrogate or egg donor pregnancy

(DD Month YYYY)

Patient Signature & Date: _____/____/_____

3 SCREENING OPTIONS

Select ONE screening panel option below:

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

☐ **PANORAMA EXTENDED PANEL**
Chromosomes 13, 18, 21, X&Y; Triploidy; 22q11.2 deletion PLUS four microdeletions (1p36 deletion, Angelman, Prader-Willi, Cri-du chat)

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

4 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: _____

Disposition or retention of samples: Laboratory (Reseller) represents and confirms that the patient has given informed consent in compliance with applicable law to Natera's following sample disposition or retention policy. PATIENT UNDERSTANDS AND CONSENTS THAT: (i) her/his sample will be sent to the United States for performance of the test; (ii) Natera may retain the patient's leftover, de-identified samples to use for medical and technology advancement, research & development, product validation and quality assurance, independently or in collaboration with third party partners, either in or outside the United States; and (iii) patient and patient's heirs will not receive any payments, benefits or rights to any resulting products or discoveries.

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): _____ / _____ / _____

STATE DETAILS (SATELLITE CLINIC)

Indicate which state the sample has been collected to identify which satellite clinic the results/MI will be issued to:

☐ New South Wales / Australian Capital Territory – 7102371
Fax: +61 2 9770 2111

☐ Queensland – 7102375
Fax: +61 7 3015 3051

☐ Victoria / Tasmania – 7102380
Fax: +61 3 9473 4459

Attention accessioning:

If this section is not filled out to identify Satellite Clinic, default will be NSW/ACT

NATERA LIMS ID LAB 2284

5 BOOK AN APPOINTMENT

For your nearest collection centre visit our website at:
www.virtusdiagnostics.com.au/collection-centres

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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.

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 up to two 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 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.