



NIPT

Non-Invasive Prenatal Test

Patient Information (PLEASE FILL IN WITH CAPITALS)			
* In order to guarantee maximal patient privacy GENDIA only works with patient codes and not with patient names. Please use a CODE (with at least 6 numbers and/or letters) instead of your NAME and keep this code in a safe place, as GENDIA will only use this code in all documents.			
Patient Code*	...		
Date of Birth		
Address		
Telephone		
E-mail		
Gestational Age	Weeks Days
Date of Blood Draw		
IVF Pregnancy ?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Egg Donor or Surrogat ?	<input type="checkbox"/>	Yes, Age donor	<input type="checkbox"/> No
Multiple Gestation ?	<input type="checkbox"/>	Yes,	<input type="checkbox"/> No
Vanishing Twin ? (NIPT is possible, but without sex determination)	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
What is your weight ? kg		

Please indicate which NIPT you require (prices vary according to the different tests)	
Trisomy 21, 18, 13	<input type="checkbox"/>
Trisomy 21, 18, 13, with sex chromosome anomalies (Turner, Klinefelter, triple X, XYY) and fetal sex	<input type="checkbox"/>
Cystic fibrosis, sickle cell anemia and β thalassemia	<input type="checkbox"/>
Trisomy 21, 18, 13, with cystic fibrosis, sickle cell anemia and β thalassemia	<input type="checkbox"/>
Trisomy 21, 18, 13, with cystic fibrosis, sickle cell anemia, β thalassemia, sex chromosome anomalies and fetal sex	<input type="checkbox"/>

Physician/Midwife	
Last Name + First Name	...
Telephone	...
E-mail	...

Consent
I agree that GENDIA organizes the NIPT, and understand the possibilities and limitations of the NIPT.
Signature Mother