|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 ? |  | Yes | | |  | No |
| Egg Donor or Surrogat ? |  | Yes, Age donor …. | | |  | No |
| Multiple Gestation ? |  | Yes, …. | | |  | No |
| Vanishing Twin ? (NIPT is possible, but without sex determination) |  | Yes | | |  | No |
| What is your weight ? | …. kg | | | | | |

|  |  |
| --- | --- |
| **Please indicate which NIPT you require** (*prices vary according to the different tests*) | |
| Trisomy 21, 18, 13 |  |
| Trisomy 21, 18, 13, with sex chromosome anomalies (Turner, Klinefelter, triple X, XYY) and fetal sex |  |
| Cystic fibrosis, sickle cell anemia and  thalassemia |  |
| Trisomy 21, 18, 13, with cystic fibrosis, sickle cell anemia and  thalassemia |  |
| Trisomy 21, 18, 13, with cystic fibrosis, sickle cell anemia,  thalassemia, sex chromosome anomalies and fetal sex |  |

NIPT Submission Form EN (june 2018) © GENDIA

|  |  |
| --- | --- |
| **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 |
|  |