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| **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 |

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| **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

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| **Physician/Midwife** |
| Last Name + First Name | … |
| Telephone | … |
| E-mail | … |

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