

TEST REQUISITION FORM

PATIENT DETAILS

Protocol no. (internal use only): _____
 Name _____
 Surname _____
 Date of birth _____ Place of birth _____
 VAT no. _____
 Address: _____
 Phone no.: _____
 Date of blood withdraw _____
 Gynecologist name: _____
 Address: _____
 Phone no.: _____
 E-mail: _____



Genoma



ORDERING LABORATORY / CLINICIAN

Name / Stamp

PATIENT MEDICAL HISTORY

PREGNANCY HISTORY

Patient current weight Kg _____ Patient height _____
 Gestational age at draw _____ + days _____
 Gestational age calculated by:
 Ultrasound; last menstrual period; IVF treatment
Twin pregnancy? Yes; NO Monochorial Bichorial
IVF Pregnancy? Yes; NO
 Homologous pregnancy; Heterologous Pregnancy
 Embryo donation; Eggs donation; Sperm donation

INDICATION FOR TESTING

- Advanced maternal age; Advanced paternal age;
- Parental anxiety (low-risk)
- Abnormal ultrasound (describe): _____
- Previous pregnancy with aneuploidy;
- Abnormal maternal serum screening test;
- Partner carrier of a genetic disorder: Male Female
- Specify disorder: _____
- Specify gene and mutation: _____
- Other indication _____ None

TYPE OF TEST

- PrenatalSAFE® 3 test (for chromosomes 21, 18,13 only)
 - PrenatalSAFE® 5 test (for chromosomes 21, 18, 13, X, Y) (can not be requested for bichorial pregnancy)
 - PrenatalSAFE® Plus test (for chr. 21, 18, 13, X, Y) * (can not be requested for bichorial pregnancy) + Panel 6 Microdeletion*; Trisomies 9 and 16 option
 - PrenatalSAFE® Karyo test (genome-wide NIPT that provides karyotype-level insight)
 - PrenatalSAFE® Karyo Plus test (genome-wide NIPT that provides karyotype-level insight + Panel 9 Microdeletions**) *(can not be requested for bichorial pregnancy)
- Do you wish to know the fetal gender? Yes; NO
- Is it a redraw? Yes; NO FAST Reporting option



- PrenatalSAFE® COMPLETE (PrenatalSAFE® Karyo + GeneSAFE™ Complete) (please, provide a buccal swab sample for partner with its informed consent)
- PrenatalSAFE® COMPLETE Plus * (PrenatalSAFE® Karyo Plus** + GeneSAFE™ Complete) (please, provide a buccal swab sample for partner with its informed consent)

*This option includes the following syndromes:

22q11 deletion (DiGeorge); 15q11 deletion (Angelman/ Prader-Willi); 1p36 deletion, 4p- (Wolf-Hirschhorn); 5p- (Cri-du-chat)

** This option includes in addition the following syndromes::

11q23 deletion (Jacobsen), 8q24 deletion (Langer-Giedion), 17p11.2 deletion Smith-Magenis

RhSafe®? Yes; NO

(Only for pregnant women RhD Negative with partner RhD Positive)

BILLING

Sending facility Patient

Patient payment
 Credit card Amount €: _____
 Card Number _____
 Cardholder Name _____ Exp. Date _____ CVC#: _____

REPORTING PREFERENCES

PHYSICIAN / LABORATORY

Name / Stamp

E-mail; On-Line; Mail; Courier

PATIENT

E-mail; address _____

On-Line; By Phone, no.: _____

In order to activate the on-line reporting option, you need to provide us an user name and a password:

Username: _____ Password: _____

Signature _____

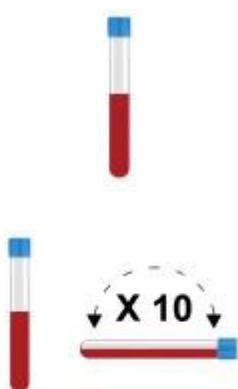
Test Submission Instructions

Informed consent and test requisition form

IMPORTANT: Fill in all required Test Requisition Form information to avoid delays and ensure timely reporting.

To ensure acceptance of your patient's specimen for testing, please verify that the **informed consent** has been signed from the patient and it has been enclosed with samples:

Sample collection instruction:



- Take the 10ml collection tube from the **PrenatalSafe®** Test Shipper Kit.
- Write the blood **collection date** in the specimen information section of the test requisition form.
- Write the **patient's full name** and **date of birth** on the collection tube label.
- Fill the collection tube almost completely with whole blood.
- Invert the collection tube **10 times**.

Store collected blood at **room temperature** until ready for shipment. **Blood should never be frozen!**

Sample Packaging:

IMPORTANT: Always store kits at **room temperature**.

- Place the filled and properly labeled collection tube into the **PrenatalSafe®** shipper kit box. Only one patient sample per box.
- Place the completed **test requisition form** and **informed consent** into the shipper kit box, at the side.
- Put sample tubes inside the sponge and both inside the biohazard envelope. Close the box.
- Place shipper kit box inside of courier pack and seal.
- If you are shipping more than one sample, place as many as possible collection tubes into one shipper kit.
- If you are shipping more than one shipper kit, place as many as possible into one courier pack.
- Adhere the **courier airbill** pouch to the outside of the courier pack. Insert the airbill into the pouch.
- **Call courier** to arrange specimen pickup.
- Ship specimens, preferably the **same day** as collected. Specimens must be received by Genoma **within 5 days** of collection date. Genoma receives specimens Monday through Saturday.