

Woman's Information

First Name

Last Name

Date of Birth (DD/MM/YYYY)

Address

City

Postcode

NHS Number Hospital Number

Ethnicity

<input type="checkbox"/> A White British	<input type="checkbox"/> K Bangladeshi
<input type="checkbox"/> B Irish	<input type="checkbox"/> L Any other Asian background
<input type="checkbox"/> C Any other White background	<input type="checkbox"/> M Caribbean
<input type="checkbox"/> D White and Black Caribbean	<input type="checkbox"/> N African
<input type="checkbox"/> E White and Black African	<input type="checkbox"/> P Any other Black background
<input type="checkbox"/> F White and Asian	<input type="checkbox"/> R Chinese
<input type="checkbox"/> G Any other mixed background	<input type="checkbox"/> S Any other ethnic group
<input type="checkbox"/> H Indian	<input type="checkbox"/> Z Not stated
<input type="checkbox"/> J Pakistani	<input type="checkbox"/> 99 Not known

Weight (kg) at time of NIPT sample collection

Confirmation of eligibility

Please confirm the following have been considered and excluded (tick Yes if excluded):

- maternal cancer (unless in remission) No Yes
- blood transfusion in the last 4 months (whole blood or plasma) No Yes
- bone marrow or organ transplant recipient No Yes
- vanished twin pregnancy (an empty second pregnancy sac or a second pregnancy sac containing a non-viable fetus) No Yes
- maternal T21 No Yes
- balanced translocation or mosaicism of T21, T18 or T13 No Yes
- immunotherapy in the current pregnancy, excluding IVIg treatment No Yes
- stem cell therapy No Yes

Further clinical details that require discussion with the NIPT laboratory prior to obtaining sample:

Does the following apply to the woman?

- any known chromosomal or genetic condition other than T21, T18 or T13 in pregnant woman No Yes

If Yes, please contact the laboratory to discuss prior to obtaining the sample.

Clinic Information

Hospital Name
and 5 Digit ODS Code

Ordering Clinician

Address

City

Postcode

Phone

NHS Email

Referring Clinician

Screening options requested

T21, T18, T13 T21 only T18 and T13 only

Essential clinical information*

Gestational age at NIPT sampling date by ultrasound
 weeks days

EDD by ultrasound (DD/MM/YYYY)

Number of Fetuses* 1 2

IVF Pregnancy?* No Yes

Chorionicity for twin pregnancy
 Monochorionic Dichorionic Unknown

Type of screening: Combined Quad

T21 screening chance result: 1 in

Joint T18 and T13 screening chance result: 1 in

Is this a repeat sample? No Yes

Reason for repeat sample

Previous T21, T18 or T13? No Yes (please print which condition)

IMPORTANT BLOOD DRAW INFORMATION

Sample requirements

- Minimum of 6.5ml of maternal blood in cell stabilising tube.
- The tube should be gently inverted 10 times after blood draw.
- Do not refrigerate.
- Send to NIPT laboratory as soon as possible following sample collection.
- Inform the NIPT laboratory that a sample is on its way.
- Laboratory to confirm receipt of sample.

Complete A & B: (DD/MM/YYYY)

A. Blood collected on: by:

B. Write the woman's full name and date of birth on tube barcode label. →

Name, barcode and date of birth must match the Request Form. Place label lengthwise on the cfDNA tube as shown in the example.

Full name **Jane Doe**

Date of birth **18 04 97**

91G000001-1 TUBE

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