

Non-invasive prenatal test (NIPT) | Request form

FOR THE DOCTOR

This test should be requested by the doctor responsible for medical management of non-invasive prenatal testing. Sonic Genetics uses various test methods of comparable performance for NIPT. We will use the method which provides the options you have selected with the shortest turnaround time.

Patient details

First name _____
Surname _____
Date of birth ____/____/____ Sex **Female - Pregnant**
Address _____

Phone (mobile) _____

Test(s) requested

	SINGLETON	TWIN
NIPT T21, T18, T13	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
OPTIONS		
Fetal sex* (no charge)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Monosomy X (no charge)	<input type="checkbox"/> Yes	N/A
Sex chromosome aneuploidy (no charge)	<input type="checkbox"/> Yes	N/A
*Based on the presence or absence of the Y chromosome. For twin pregnancies this could indicate either two females (if absent) or at least one male.		
Is this a <input type="checkbox"/> RE-COLLECTION? Previous Lab ID _____		
Staff ID/Location	<input type="checkbox"/> 2 x NIPT tube	Date re-collected / /
		Time re-collected :
		Re-collect PAY CAT SGUN

Clinical information **REQUIRED**

ALL sections must be completed for testing to proceed.

Please note: Requested clinical information is essential for test accuracy. If any of the clinical information you provide below needs updating, please notify the laboratory immediately as this information is included in the test algorithm.

GESTATIONAL INFORMATION
 LMP ____/____/____ (date) EDC ____/____/____ (date)

CONCEPTION DETAILS
 Natural IVF (Patient egg) | Maternal age at egg retrieval ____ yrs
 IVF (Donor egg) | Maternal age at egg retrieval ____ yrs

MATERNAL INFORMATION
Maternal weight (kg) _____ Maternal height (cm) _____

Samples will not be processed if:

- Taken at less than 10 weeks' gestation
- There are three or more fetuses
- There is known presence of a demised fetus
- There is known presence of maternal aneuploidy, maternal transplant or maternal malignancy

NIPT is not a test of fetal viability and it may provide a valid result despite fetal demise.

Requesting doctor

Name _____
Address _____

Phone _____ Provider No. _____
I confirm that this patient has been counselled about the purpose, scope and limitations of the test and has given consent.
X **DOCTOR SIGNATURE** _____
Date _____

Copy reports to

Name _____
Address _____

FOR THE PATIENT - Patient and Financial Consent

I consent to the non-invasive prenatal test (NIPT) being performed and confirm that I have been advised about the purpose, scope and limitations of the test. I understand that I can request further information or genetic counselling before or after the test. I understand that NIPT is primarily a screen for an extra copy of chromosomes 21, 18 and 13, and can potentially examine other chromosomes as requested by my doctor on this form.

I understand that the result of this test should be interpreted by my doctor in conjunction with other clinical information and tests, and that it should not be the sole basis for making a decision about my pregnancy. I understand that a second blood collection may be required, that a small percentage of tests do not yield a result due to biological factors, and that I can seek a refund if there is no result for chromosomes 21, 18 and 13. A refund is not available if there is no result for sex chromosome abnormalities/fetal sex.

I consent to my result being used with Government birth records solely to audit NIPT, and understand that I would not be identified in reports of such audits.
 Tick here if you do not consent to releasing your result for audit purposes.

X **PATIENT SIGNATURE** _____
Date _____

Full payment is required prior to sample collection and Medicare benefits do not apply. Following payment, you will receive an email and SMS confirmation of your booking. Please make sure to bring this request form and booking confirmation with you on the day. To locate a collection centre for your NIPT, please visit sonicgenetics.com.au/locations

FOR THE COLLECTOR

I certify that I established the identity of the patient named on this request, collected and immediately labelled the accompanying specimen(s) with the patient's name, DOB and date/time of collection.

Collector initials	<input type="checkbox"/> 2 x NIPT tube	Patient initials
Location code	Date collected / /	PAY CAT
Collection type	Time collected :	SGU

Non-invasive prenatal test (NIPT)

Information for patients

Purpose

The primary purpose of NIPT is to screen for common chromosome disorders that can affect the health of a baby, i.e. Down syndrome (trisomy 21), Edwards syndrome (trisomy 18) and Patau syndrome (trisomy 13). NIPT can also screen for common disorders of the sex chromosomes, i.e. Turner syndrome (45,X), Klinefelter syndrome (47,XXY), triple X syndrome (47,XXX) and XYY syndrome (47,XYY) in singleton pregnancies. NIPT is not primarily intended as a test of fetal sex. A variety of platforms for NIPT have been validated and accredited for use by our Australian laboratories.

Limitations

There are rare occasions when an NIPT result does not accurately reflect the chromosomal status of the fetus. All NIPTs rely on fragments of DNA found in the mother's bloodstream; these fragments come from the placenta. Sometimes, the DNA status of the placenta may not be the same as that of the fetus and, as a result, the NIPT result may not reflect the DNA status in the developing baby. For these reasons, among others, NIPT is considered a screening test. It is not designed to give a definitive result and all findings should be confirmed with the appropriate diagnostic test. An NIPT result should be carefully reviewed by your doctor, together with other information about your pregnancy, before basing any decision on that result. In the case of fetal demise, NIPT may still provide a valid result, based on the analysis of residual DNA. An ultrasound scan prior to the NIPT is recommended to confirm viability, number of fetuses and gestation. Please also note that NIPT is a test for the conditions noted above; it is not a test for every possible fetal disorder. These considerations apply to any form of NIPT.

Fetal sex and sex chromosomes

For biological reasons, it is more difficult to count the numbers of sex chromosomes (X and Y) than other chromosomes. We do not routinely report fetal sex or analysis of sex chromosomes, but will do so on request. Please note that the request should be made by your doctor on the initial request form. Analysis of sex chromosomes is only available for singleton pregnancies.

In a small percentage of samples, a result can be provided regarding the chance of trisomy 21, 18 or 13 but not for fetal sex or sex chromosome disorders (or both). Other factors may also make it difficult to provide accurate sex chromosome analysis, including poor quality of DNA in the sample, uncommon normal variations in the sex chromosomes, and a mixture of normal and abnormal cells in the placenta or mother. In these situations, we will report that a result is not possible for fetal sex or screening for a sex chromosome abnormality. We do not recommend repeat testing, as the biological factors responsible for the lack of a result are unlikely to have changed. We do not offer a refund, as the primary purpose of NIPT (screening for trisomy 21, 18 and 13) has been achieved.

Fetal fraction

The mother's blood contains DNA fragments from both the mother and the developing fetus. The proportion of DNA fragments from the fetus and placenta is known as the fetal fraction. If the fetal fraction is too low the NIPT cannot provide a reliable result. Numerous factors, including a gestation of less than 10 weeks and high maternal weight, can lower the fetal fraction. Sonic Genetics uses a variety of validated methods to measure the amount of fetal DNA. We will not provide a result unless there is sufficient fetal DNA to do so; we will not simply assume that your test result is normal. In some situations, we may offer to repeat the test (once, and for free) if there is a reasonable chance of providing a result for chromosomes 21, 18 and 13 on the analysis of a new blood sample.

Genetic counselling

Various forms of prenatal screening tests have been available in Australia for more than 30 years. Your doctor will be able to provide you with information and advice regarding this test, and can help you decide if this is the right test for you. Your doctor may also recommend that you seek genetic counselling before or after the test; we can provide contact details for genetic counselling services nationally.

If you have a result indicating a high likelihood of a chromosome condition, a genetic counselling consultation by telephone is available through Sonic Genetics at no charge. This must be requested by your doctor, and is only available to women who have paid Sonic Genetics directly for their test.

If you have any questions regarding your test result, we recommend that you discuss these with your doctor or genetic counsellor. Your doctor will know your situation and have the results of other tests and assessments. Your doctor can also contact our senior scientists and genetic pathologists to discuss technical aspects of your result.

Results

Your results will be delivered to your doctor typically within 3-8 business days of the laboratory receiving your sample.

Sonic Genetics

We are part of Sonic Healthcare, which is Australia's largest pathology provider and the third largest pathology provider in the world. We provide medical genetic tests across all Sonic Healthcare pathology practices in Australia. We employ highly qualified genetic pathologists, genetic scientists and genetic counsellors. Our services are provided through fully accredited laboratories throughout Australia, using state-of-the-art equipment.