Natera LIMS ID: 24019

MEDICLINIC PRECISE

in partnership QLAB natera™ | Panorama™ Next-generation NIPT

NON-INVASIVE PRENATAL TESTING REQUEST FORM

MEDICLINIC BARCODE

NATERA BARCODE

REFERRING CLINICIAN INFORMATION

Referring Clinician:

Tel: -

Email:

Practice Nr:

HPCSA Nr:

PATIENT INFORMATION

I.D. Nr:

Name:

Surname:

Date of Birth: D D M M Y Y Y Y

Cell: -

Email:

Physical Address:

Suburb: Post Code:

City:

PERSON RESPONSIBLE FOR THE ACCOUNT

I.D. Nr:

Name:

Surname:

Cell: -

Email:

Physical Address:

Suburb: Post Code:

City:

Medical Aid:

Medical Plan:

Medical Aid Nr: Cash: *(Tick if Yes)*

I confirm that the information is correct and consent to the test analysis. I confirm that my pathology results and accounts from Mediclinic Precise may be sent to my nominated e-mail address, to my medical aid administrators and to the referring doctor. I acknowledge that by submitting my claim to my medical scheme for reimbursement, my medical scheme will become aware of my diagnosis. I undertake to pay outstanding monies not covered by the medical aid.

Name: Date: D D M M Y Y Y Y

Signature:

SCREENING TEST OPTIONS

ICD CODE: Z13.7

PANORAMA PRENATAL PANEL
Chromosomes 13, 18, 21, X & Y; Triploidy

PANORAMA PRENATAL PANEL + 22q11.2 DELETION
Chromosomes 13, 18, 21, X & Y; Triploidy, 22q11.2 deletion

PANORAMA EXTENDED PANEL
Chromosomes 13, 18, 21, X & Y; Triploidy, 22q11.2 deletion PLUS four microdeletions

Y N **INCLUDE FETAL SEX ON REPORT?** *(Optional)*

COLLECTION INFORMATION

Collection Date: D D M M Y Y Y Y

Collection Time: H H : M M

Collection Place:

Person Collecting:

Signature:

PREGNANCY-RELATED INFORMATION

We do not accept vanished twin, multiple gestation with more than 2 fetuses, or twins conceived using a surrogate or egg donor. Extended panel not available for twins or egg donors.

IVF Conceived Pregnancy? Y N

Age of Mother at Egg Retrieval:

Did the patient use an egg donor / surrogate? Y N

Is this a Multiple Gestation Pregnancy? Y N

If it is an Ongoing Twin Pregnancy

Monochorionic

Dichorionic

Don't Know

PATIENT MUST BE AT LEAST 9 WEEKS 0 DAYS GESTATIONAL AGE

GESTATIONAL AGE:

Weeks Days

IF MOTHER WEIGHS >80kg, DEFER TESTING UNTIL 12 WEEKS 0 DAYS GESTATIONAL AGE

MATERNAL WEIGHT (kg):

MATERNAL HEIGHT (cm):

EXPECTED DUE DATE: D D M M Y Y Y Y

SPECIMEN INFORMATION

Sample type: 2x Streck tubes* containing 10ml maternal peripheral blood each, no other sample type will be accepted. **Cell-free DNA BCT by STRECK*

SAMPLES NEED TO BE KEPT AT ROOM TEMPERATURE AND SHOULD REACH THE LABORATORY WITHIN TWO DAYS OF COLLECTION FOR OPTIMAL SAMPLE VIABILITY