



Panorama™
Next-generation NIPT

A photograph of a pregnant woman with long, wavy brown hair, wearing a maroon cardigan over a light-colored turtleneck sweater. She is gently holding her belly with both hands. The background is a soft-focus green field.

See more with Panorama

Greater insights with the only SNP-based NIPT,
used for over 3 million pregnancies¹⁻²⁷

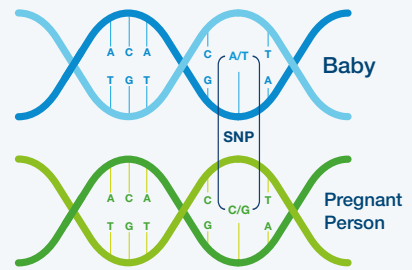
The only SNP-based NIPT

Panorama's single nucleotide polymorphism (SNP)—based noninvasive prenatal test (NIPT) distinguishes between the maternal and fetal (placental) DNA and delivers unique, clinically validated capabilities.¹⁻²⁷



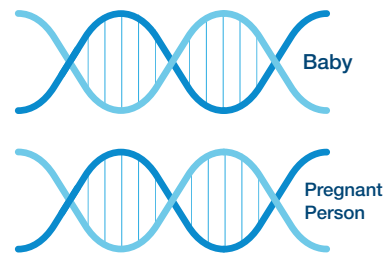
SNPs

Panorama evaluates SNPs — the 1% of our DNA that makes us different from one another.



Counting NIPTs

Other NIPTs look at DNA in aggregate.



Panorama screens for:

	Singleton	Monozygotic twins	Dizygotic twins	Singleton egg donor and gestational carrier
Trisomies 21, 18, 13	✓	✓	✓	✓
Monosomy X	✓	✓		
Sex chromosome trisomies	✓	✓		
22q11.2 deletion syndrome (22q11.2DS), optional	✓	✓		
Additional microdeletion syndromes, optional	✓			
Fetal sex, optional	✓	✓	✓	✓
Individual fetal sex, optional			✓	
Zygosity		✓	✓	
Individual fetal fraction			✓	
Triploidy	✓			

For a complete list of Panorama's performance metrics, including positive predictive value (PPV), scan here

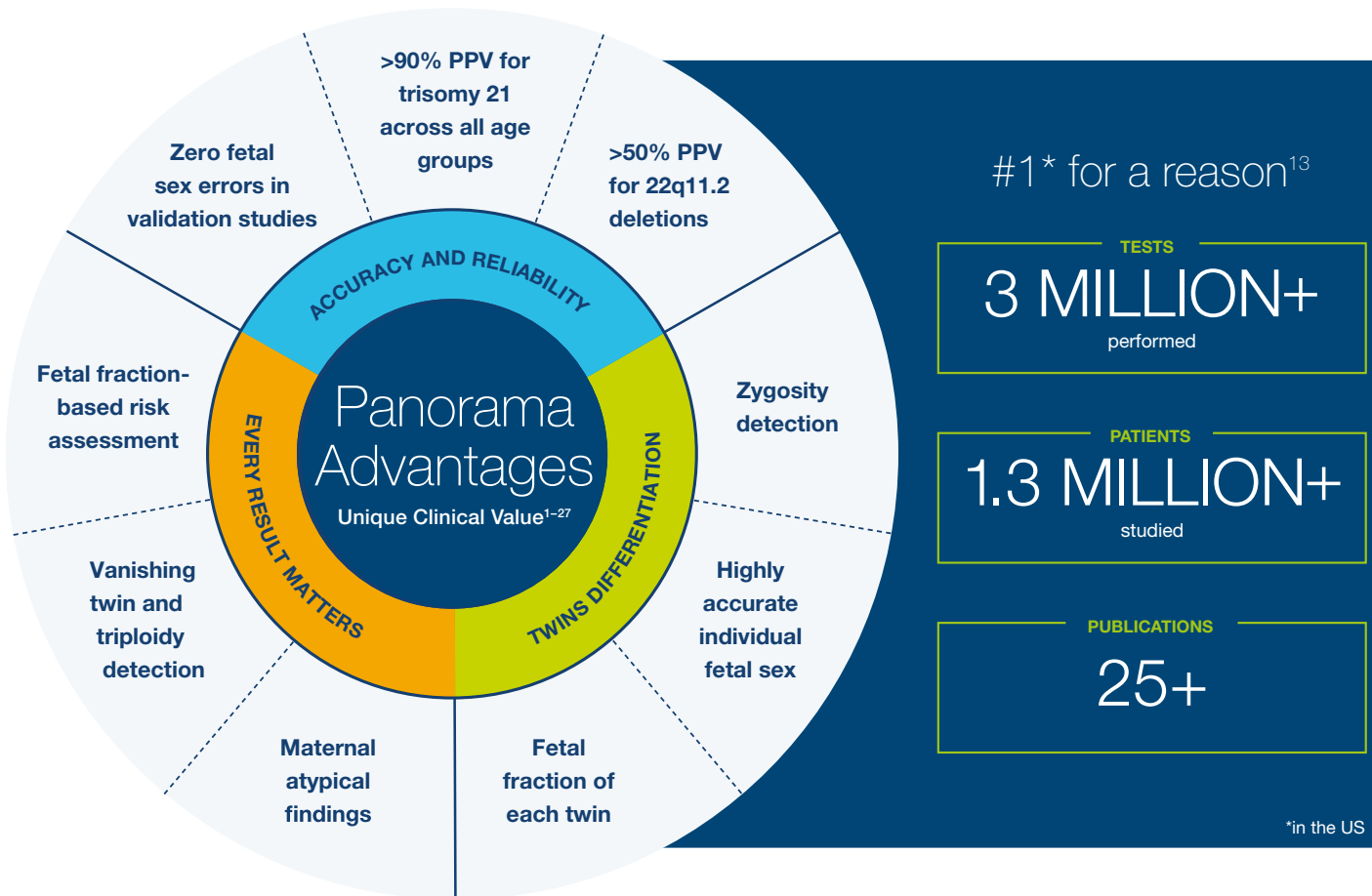


Panorama only⁷⁻¹⁰



Delivering more insights with high accuracy

With more than 3 million tests performed, Panorama delivers high accuracy, reliability, and unique twins differentiation to make every result matter.¹⁻²⁷



Improving performance through continuous innovation

Panorama AI, the latest version of Panorama, combines artificial intelligence with Natera's proprietary SNP-based methodology to deliver results, even in difficult-to-call cases.

- Maintains high accuracy while significantly lowering “no-call” rates¹
- Increases accuracy for 22q11.2 deletion detection⁵

SMART, the largest prospective NIPT study

- Included a large cohort of average-risk pregnancies¹
- Validated that Panorama's latest version delivers high sensitivity and specificity in clinical settings, while significantly lowering "no-call" rates^{1,5,6}

SMART

SNP-based Microdeletion and Aneuploidy RegisTry



Scan here to learn more about the SMART study

PATIENTS

20,000+
enrolled

SITES

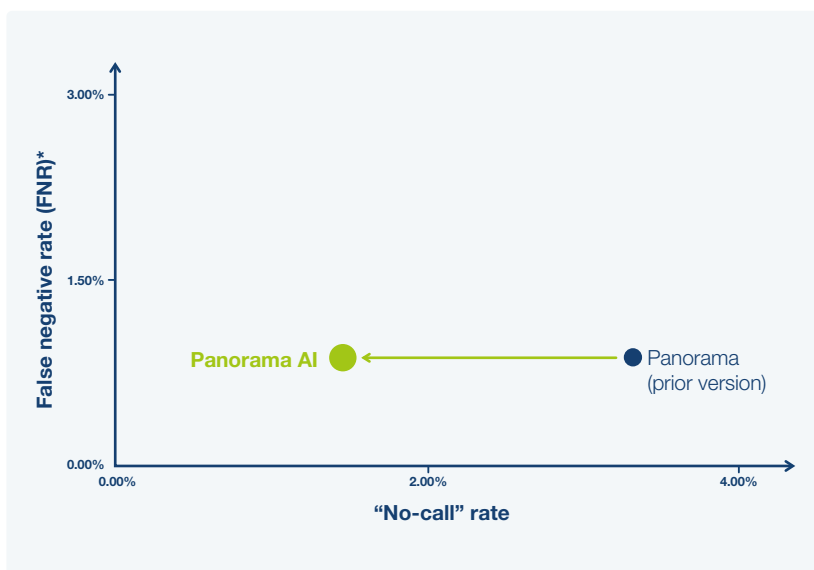
21
global centers

OUTCOMES

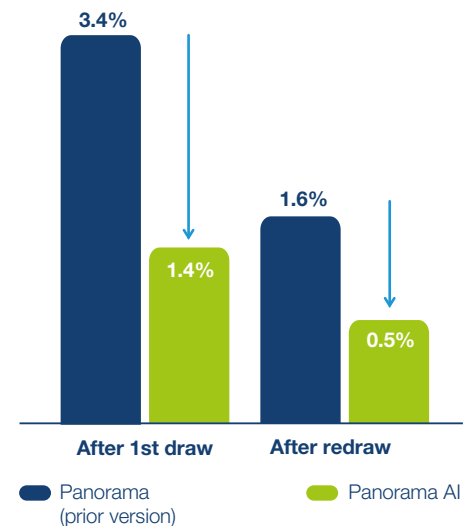
100%
of patients included in analysis had genetic confirmation

High accuracy. Fewer "no-calls"

Validated in the SMART study, the latest version of Panorama has a significantly lower "no-call" rate while continuing to deliver high accuracy.¹



"No-call" rates for trisomies 21, 18, and 13¹



*Trisomies 21, 18, and 13 combined.



22q11.2 deletion screening with actionable results

Panorama was validated in SMART with high accuracy and positive predictive value (PPV) for 22q11.2 deletions.^{1,5,6}

>99.9% sensitivity Most common deletion size (2.5 Mb+)	83% sensitivity Full and nested deletions (0.5 Mb+)	53% PPV Full and nested deletions (0.5 Mb+)
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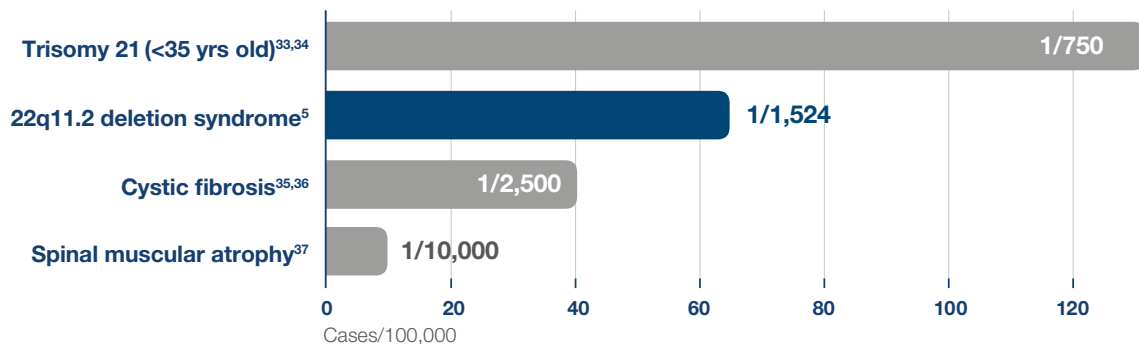
Mb= Megabase pair



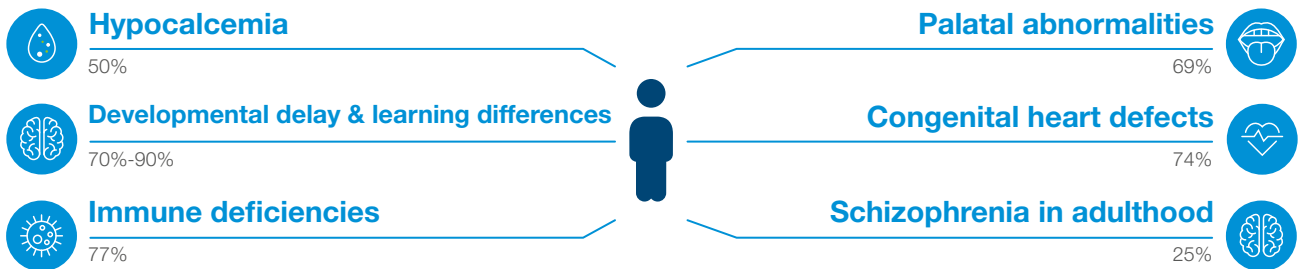
*"22q11.2DS is associated with severe morbidity, has reasonably high prevalence, is usually not otherwise reliably detected, can be confirmed with diagnostic testing, and outcomes can be improved with early diagnosis. It would seem that this disorder is an appropriate target for routine prenatal screening."*²⁸

PE'ER DAR, MD & MARY NORTON, MD

22q11.2DS prevalence in early pregnancy compared to commonly screened conditions^{5,29-33}



Prevalence of conditions associated with 22q11.2DS³⁴⁻³⁸

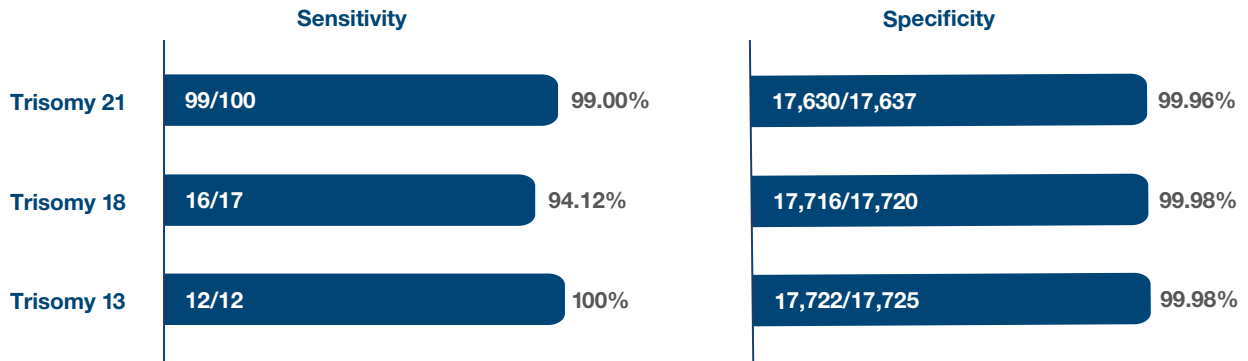


Perinatal interventions key to better outcomes³⁴⁻³⁸

- Delivery at tertiary center
- Calcium-level monitoring at birth
- Delayed live-vaccine administration
- Palatal evaluation for potential feeding and breathing issues

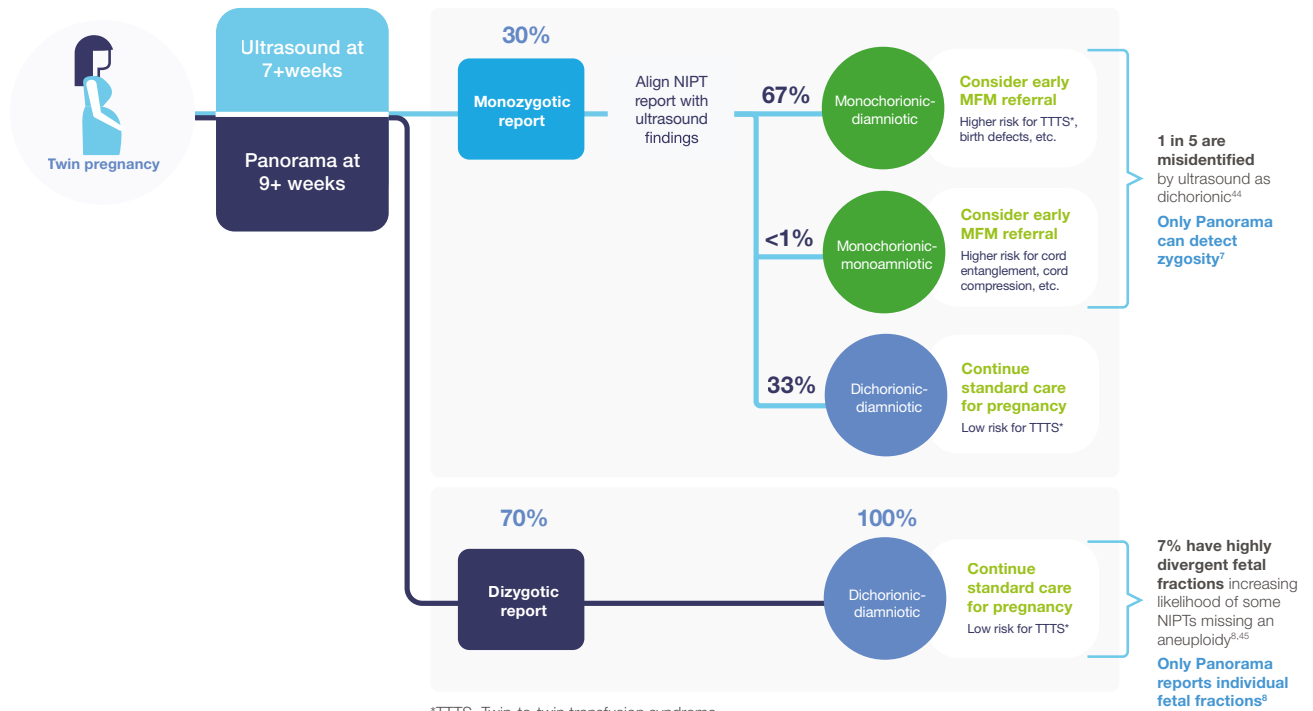
Panorama continues to deliver

High performance in singleton pregnancies¹



Greater clarity for twins

Knowing zygosity is important for managing twin pregnancies^{8, 39-43, 45}





Every pregnancy deserves Panorama



“Cell-free DNA [NIPT] is the most sensitive and specific screening test for the common fetal aneuploidies ... [It] should be discussed and offered to all patients early in pregnancy regardless of maternal age or baseline risk.”^{14,5}

ACOG PRACTICE BULLETIN 226

ACOG guidelines highlights, including unique capabilities of SNP-based NIPT

ACOG PRACTICE BULLETIN 226 HIGHLIGHTS⁴⁵

PANORAMA SNP-BASED NIPT^{1-4,7-12}

Highlights known sources of false positives for most NIPTs:
• Vanishing twin • Maternal mosaicism

Addressed

“Of the [NIPT] methods, the [SNP-based] method can **identify triploidy**.”



“The lower prevalence of fetal trisomies in **younger patients** results in...a **lower PPV**...”

Clinical PPVs published

“Cell-free DNA [NIPT] can be **performed in twin pregnancies**”.



“One laboratory method which uses **SNP analysis reports zygosity as well as individual fetal fractions**.”



“[In twin gestations,] it is possible that an **aneuploid fetus would contribute less fetal DNA**, therefore masking the aneuploid result.”

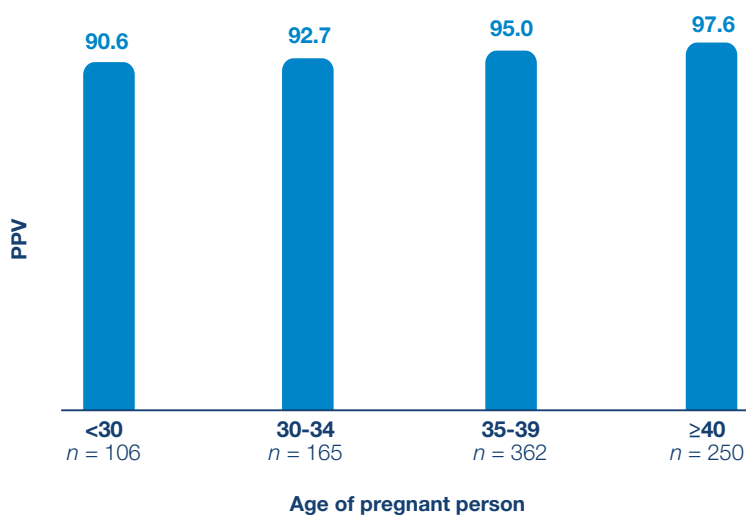
Panorama's areas of unique clinical value

Every result matters

Accuracy and reliability

Twins differentiation

Trisomy 21 PPVs by age groups, shown in a large study of 1M patient outcomes^{12,13}



Regardless of age, strong clinical evidence of greater than 90% PPV for trisomy 21

Support every step of the way

Education

Patient-friendly materials and information sessions, covering basic genetics to specific tests

Results

Clear, actionable reports, complete with on call expert guidance

Next steps

Value-add services that go beyond the test to address what's next

Pre- and post-test genetic information sessions

– with board-certified genetic counselors, complimentary to all providers and patients



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