Ninalia
by eurofins biomnis

Test request form

Non Invasive Prenatal Testing

of trisomies 13, 18 and 21 (NIPT)

N.B.: All fields on the form must be completed, otherwise the test will not be performed.

REQUESTING PHYSICIAN

First name(s): ..... Surname: .....
Address: .....
Post code:..... City: .....
Country: ..... Email: .....
Tel.: |_|_|_|_|_|_|_|_|_|_| Fax: |_|_|_|_|_|_|_|_|_|_|

Clinician's stamp

Reserved for
Eurofins Biomnis Laboratory
Barcode sticker

PATIENT

First name(s): .....
Maiden name (optional): .....
Surname: .....
Date of birth: |_D_|_D_|_M_|_M_|_Y_|_Y_|_Y_|_Y_|
Tel.: |_|_|_|_|_|_|_|_|_|_|

Address: .....
.....
Post code:..... City: .....
Country: .....

CLINICAL INFORMATION

Current stage of pregnancy: ..... WA (min 12 weeks)
Pregnancy: ☐ monofœtal ☐ Twin *(specify)*:
In vitro fertilisation : ☐ NO ☐ YES
Pre-pregnancy weight: |_|_|_|,|_| kg

Due date: |_D_|_D_|_M_|_M_|_Y_|_Y_|
☐ DCDA ☐ MCDA ☐ MCMA
Implantation date: |_D_|_D_|_M_|_M_|_Y_|_Y_|
Height: |_|_|_| cm

Is a copy of the ultrasound result attached?
NO☐ YES☐

I hereby confirm that no U/S results are available:

Requesting physician's signature

PATIENT HISTORY

Gravidity: ..... Parity: ..... Miscarriages: .....
Previous pregnancy with chromosomal anomaly: .....
Previous family or personal history of genetic illness *(specify)*: .....
.....

INDICATIONS

☐ Risk ≥ 1/1000 according to maternal serum markers whatever the type of screening (combined 1st trimester, 2nd trimester with or without the Nuchal translucency measurements in the 1st trimester): *Please specify and supply the report for:*

T13 = 1/ ..... T18 = 1/..... T21 = 1/ .....

☐ Maternal age ≥ 38 years for patients who did not benefit of the maternal serum markers screening
☐ One of the parents is carrier of a Robertsonian translocation involving chromosome 13 or 21 - *please supply the report*
☐ Unreliable maternal serum markers results (twin pregnancy, serum markers with borderline values)
☐ History of pregnancy with fœtal aneuploidies - *please supply the report*
☐ Other *(specify)*: .....
.....
.....
.....

Requesting physician's signature

TEST MENU OPTION* (SEE PAGE 2)

Gender determination: ☐ YES ☐ NO
Sex chromosomes aneuploidies detection[1]: ☐ YES ☐ NO

[1] There is limited data available on sex chromosomes aneuploidies (Monosomy X, XXX, XXY, XYY) and additional information is not currently available