Ordering Lab
Specimen ID

harmony™
PRENATAL TEST

Place the
PAT barcode
label here

1 Patient Information

First Name

Last Name

Street Address

City | Province

Country | Postal Code

Phone:

Health Insurance Number | Gender ☐ Female ☐ Male

Weight (kg) | Height (cm)

2 Clinic Information

Clinic Name

Ordering Clinician

Street Address

City | Province

Country | Postal Code

Phone | Fax

3 Patient Consent

I hereby authorize Dynacare or its designate to collect a biological specimen from me or from an individual for whom I have the legal right to authorize the collection and testing of a specimen. I further authorize Dynacare or its designate to perform testing on that specimen. I have received sufficient information about the Harmony Prenatal Test and have received satisfactory answers to my questions. I understand that therapeutic decisions should not be based solely on the results of prenatal screening. I understand that my sample will be sent to a laboratory in the United States for testing. I understand that personal information, including but not limited to name and date of birth, will accompany the sample. Personal information held in countries outside of Canada could be subject to disclosure to government or other authorities (whether of that country or of another country).

Patient Signature

Year | Month | Day

4 Clinician Signature

I attest that this patient has been informed about details of the test and its capabilities and limitations, and has given consent for this test.

Clinician Signature

Year | Month | Day

5 Required Test Information

☑ Harmony Prenatal Test
☐ with Y Analysis*
☐ with X,Y Analysis*
* Singletons only

Draw Date — Year | Month | Day

Is this a redraw? ☐ Yes ☐ No

Patient's Birthdate — Year | Month | Day

Gestational Age _____weeks _____days

Measured on — Year | Month | Day

by: ☐ U/S ☐ LMP ☐ IVF

LMP Date — Year | Month | Day

# of Fetuses ☐ 1 ☐ 2

IVF Pregnancy ☐ Yes ☐ No

Egg Donor is ☐ Self ☐ Non-self

Age at retrieval: _____ years

Dynacare next

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