

Private Pay Laboratory Requisition - Panorama NIPT

This requisition form, when completed, constitutes a referral to LifeLabs/BC Biomedical Laboratories physicians.

TO BE COMPLETED BY ORDERING DOCTOR AND PATIENT

Patient Name (from CareCard or other ID)		Date of Birth		
		MONTH	DAY	YEAR
Patient Address	Telephone Number	Patient Email		Bill to: <input type="checkbox"/> Patient
Doctor Name		MSC #	Organization	
Address	Fax Number	Telephone Number	Email	
Copy to				

Gestational Age: _____ (weeks) _____ (days) OR Due Date: MM _____ DD _____ YYYY _____ Maternal Weight: _____ (kg)

Clinical Questions: Twin/Multiple gestation/Vanishing twin? Y N Egg donor? Y N Surrogate? Y N Mother known microdeletion carrier? Y N

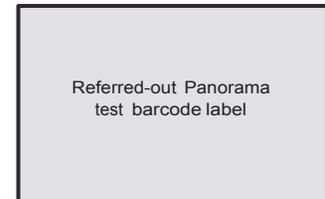
Panorama is not recommended for twins, multiple gestations, vanishing twins, egg donor or surrogate. Also, the microdeletion panel will not return results for any microdeletion that the mother carries.

Please select clinical indications for test:

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Advanced maternal age
<input type="checkbox"/> Increased nuchal translucency (NT)
<input type="checkbox"/> Abnormal serum screening
<input type="checkbox"/> Possible hereditary disease affecting fetus
<input type="checkbox"/> Balanced autosomal translocation in normal individual | <input type="checkbox"/> Family history
<input type="checkbox"/> Ultrasound findings (soft marker or congenital abnormality)
<input type="checkbox"/> Prior pregnancy with chromosome abnormality
<input type="checkbox"/> History of infertility or stillbirth/poor reproductive outcome
Other: _____ |
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Singleton pregnancies ONLY

- Panorama™ Prenatal Test - mnemonic NIP (**\$550**)
(Testing of chromosomes 21, 13, 18, X, Y and triploidy)
- Panorama™ Prenatal Test + 22q11.2 deletion - mnemonic 22Q (**\$745**)
(Testing of chromosomes 21, 13, 18, X, Y, triploidy, and 22q11.2)
- Panorama™ Prenatal Test + Microdeletion Extended Panel [5] - mnemonic MD5 (**\$795**)
(Testing of chromosomes 21, 13, 18, X, Y, triploidy, and includes:
22q11.2, Cri-du-chat, 1p36 deletion, Angelman syndrome, Prader-Willi syndrome)
- YES, I want to know the baby's gender (no cost)
- if box is not ticked, gender will not be reported
- OPTIONAL: Will a father's cheek swab sample be submitted? Y N
- If yes, please provide name of the father: _____
- Father's Date of Birth: MM _____ DD _____ YYYY _____
- If the sample is not received in the same box as the mother's sample, it will not be processed.



Privacy Statement: The personal information collected on this form is collected under the authority of the Personal Information Protection Act. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required or permitted by law. Personal information is protected from unauthorized use and disclosure in accordance with the Personal Information Protection Act and when applicable the E-Health Act and/or the Freedom of Information and Protection of Privacy Act and may be used and disclosed only as provided by those Acts. Our privacy policies are available at www.bcbio.com and www.lifelabs.com.

Patient Consent

I have read and signed the Patient Consent Form, which remains with the ordering physician. I understand that 2 blood samples [and a cheek swab from the father, if present and willing] will be taken by LifeLabs staff. I acknowledge that my sample(s) and personal health information will be sent to Natera for the purpose of non-invasive prenatal testing at their lab in the United States (address below). I also understand that LifeLabs will contact me for a new blood sample if a test result cannot be provided from the original blood samples. I acknowledge that LifeLabs will receive the results from Natera and will send the results to my ordering physician. I acknowledge that I am responsible for the full cost of testing.

Patient Sign Here: _____ Date: _____

Father Sign Here: _____ Date: _____

(ONLY if cheek swab sample provided)

For appointments at LifeLabs Patient Service Centres please call 1-855-412-4495. For appointments at BC Biomedical Patient Service Centres please call 1-877-507-5595

Date	Doctor Signature
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TO BE COMPLETED BY LABORATORY STAFF

Date /Time of Collection	Phlebotomist
MONTH DAY YEAR	

Laboratory Staff: Photocopy Requisition and include one copy with samples in box
(Testing performed at Natera Inc., - 201 Industrial Road, San Carlos, CA, 94070 - use Natera's provided FedEx account for shipping)