QML Pathology

Specialists in Private Pathology since the 1920s

Generation®
a new era in prenatal testing

Lab ID#

PRINT

Non-Invasive Prenatal Test Request Form

Patient Information

Family Name: .....

Given Names: .....

DOB: D D M M Y Y Y Y Phone: .....

Address: .....

..... Postcode: .....

Email: .....

Patient Consent

By signing this form, I, the patient having the testing performed, acknowledge that: (i) I have been offered the opportunity to ask questions and discuss with my healthcare provider the benefits, risks, and limitations of the test to be performed; (ii) I have discussed with the healthcare provider ordering this test the reliability of positive or negative test results and the level of certainty that a positive test result for a given disease or condition serves as a predictor of that disease or condition; (iii) I have been informed about the availability and importance of genetic counseling and have been provided with information identifying an appropriate healthcare provider from whom I might obtain such counseling; (iv) I have received and read the Patient Informed Consent in its entirety and realize I may retain a copy for my records; (v) I consent to the use of the leftover specimen and health information as described in the Patient Informed Consent; (vi) I consent to having this test performed and I will discuss the results and appropriate medical management with my healthcare provider.

☐ I wish to receive a cord blood stem cell storage rebate voucher valued up to $250 from Cell Care Australia.
I consent to my contact details (and no clinical information) being shared with Cell Care Australia so that I can receive information about cord blood and tissue storage as well as my rebate voucher*.

Patient Signature: ..... **Date:** .....

Requesting Doctor

Provider Number: .....

Family Name: .....

Initials: .....

Address: .....

..... Postcode: .....

Phone: .....

I confirm that the patient has been counselled about the purpose, scope and limitations of the test and has given consent.

Signature: .....

Date: .....

Report Copy to

Family Name: .....

Initials: .....

Address: .....

..... Postcode: .....

Test Requested

☐ **Generation®**
- T21, T18, T13 & specific sex chromosome aneuploidies

Sex Chromosome aneuploidies is not available for twins

Collection available Monday - Friday

☐ **Generation® Plus**
- T21, T18, T13 & specific sex chromosome aneuploidies
- Microdeletion panel

This option includes the following syndromes:
22q11 deletion (DiGeorge);
15q11 deletion (Angelman/Prader-Willi);
1p36 deletion;
4p- (Wolf-Hirschhorn);
5p- (Cri-du-chat)

Generation® Plus is not available for twins

Collection available Monday and Tuesdays ONLY

Fetal sex identification:

I want fetal sex results included in this report ☐ **YES** ☐ **NO**

If you do not tick one of the boxes above fetal sex results WILL automatically be included in report. Fetal sex identification is not available for multiples.

Test Indications

Choose at least one:

☐ Advanced Maternal Age

☐ Positive Serum Screen

☐ Abnormal Ultrasound

☐ Hx suggestive of increased risk for the specified chromosome aneuploidies

☐ High risk CFTS

☐ Patient Request

☐ Other (please specify)

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Clinical Notes

EDD (mandatory): D D M M Y Y

No. of fetuses: ☐ Singleton ☐ Twin

Comments:

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This prenatal test is validated for singleton and twin pregnancies with gestational age of at least 10 weeks 0 days, as estimated by last menstrual period, crown rump length, or other appropriate method (equivalent to 8 weeks fetal age as determined by date of conception).

DATA ENTRY: **DR CODE:** AS ABOVE **COPY DR:** AS ABOVE **BILL CODE:** 5164 **PANEL CODE:** **Generation® NIP** **Generation® Plus NPX**

Payment Information

This test is NOT covered by Medicare.
Full payment by credit card is required prior to blood collection.
Call 1800 822 999 to make payment and locate your nearest QML Pathology Generation® collection centre.

Receipt Number:

QML PATHOLOGY PERSON DRAWING BLOOD TO COMPLETE:

I certify that the blood specimen(s) accompanying this request was drawn from the patient named above. I established the identify of this patient by direct inquiry and/or inspection of wrist band and immediately upon the blood being drawn I labelled the specimen(s).

Initials: ..... ACC Code / Location: .....

Date of draw: D D M M Y Y Y Y Time: : am / pm

Patient Informed Consent

Introduction. This form describes the benefits, risks, and limitations of this screening test. Read this form carefully before making your decision about testing. It is recommended that you seek genetic counselling prior to undergoing this testing. More information regarding this test is available at **generationnipt.com.au**.

Purpose. The purpose of this test is to screen your pregnancy for certain chromosomal abnormalities, such as too many or too few copies (this is called an "aneuploidy") of chromosomes 21, 18, 13 as well as the sex chromosomes (X and Y) if this option is chosen. An additional option includes testing for microdeletions of certain chromosomes, which are listed on the front of this form.

Test Procedure. A tube of your blood will be drawn and sent to Genomic Diagnostics, a wholly Australian owned and operated business, who will then analyse your blood.

How this Test Works. This test is not intended to be performed prior to the 10th week of pregnancy, as estimated by last menstrual period, crown rump length, or other appropriate method. The test screens for specific chromosomal abnormalities by looking at the DNA (genetic material) in your blood. To determine whether too few or too many chromosomes are present, this test uses a technology called 'massively parallel DNA sequencing' to count the number of copies of the specific chromosomes, and then uses a proprietary method to determine if there are too many or too few copies of the chromosomes in your pregnancy.

Fetal Sex. Depending upon what your healthcare provider orders, the test results may include the sex of the pregnancy. If you do not wish to know the sex, please tell your healthcare provider to indicate this by ticking the appropriate box under Fetal Sex Identification in the Test Menu Options section on the front of this request form. Depending upon the test ordered you may not be able to prevent learning the sex of your pregnancy. In rare instances (<1%), incorrect fetal sex results can occur due to either technical or biological reasons.

Limitations of the Test. This is a screening test that only looks for the specific chromosomal abnormalities tested for. This means other untested chromosomal abnormalities may be present and could cause health concerns. This test does not test the health of the mother, although in some rare cases some high risk test results may be due to chromosomal changes in the mother and may require further investigation. If definitive diagnosis is desired, chorionic villus sampling or amniocentesis should be considered.

Normal test results do not eliminate the possibility that your pregnancy may have other chromosomal abnormalities, birth defects, or other conditions, such as open neural tube defects. In addition, a normal result does not guarantee a healthy pregnancy or baby.

This test, like many screening tests, has limitations including false positive and false negative rates. This means that the chromosomal abnormality being tested for may be present even if you receive a negative result (this is called a "false negative"); Or that you may receive a positive result for the chromosomal abnormality being tested for, even though it was not really present (this is called a "false positive"). For these reasons it is strongly recommended that no irreversible clinical decisions be made based on these screening results alone. Further testing of the pregnancy (and in some cases you), may be needed to confirm your test results which could result in additional expense to you and additional invasive testing procedures (e.g., amniocentesis or chorionic villus samples).

Privacy. We keep test results confidential. Your test results will only be released to your requesting healthcare provider or to another healthcare provider as directed by you, or otherwise as required or authorised by applicable law.

Use of Information and Leftover Specimens. In accordance with best practices and clinical laboratory standards, leftover de-identified specimens (unless prohibited by law) as well as de-identified genetic and other information learned from your testing may be used by Genomic Diagnostics for purposes of quality control, laboratory operations, laboratory test development, and laboratory improvement. All such uses will be in compliance with applicable law. Collection of information regarding your pregnancy after testing is part of a laboratory's standard practice for quality purposes. Genomic Diagnostics may contact your health provider to obtain this information.

Test Results. Your test results will be sent to the healthcare provider that ordered the test. Speak with them if you would like a copy of the test results. Your healthcare provider is responsible for interpreting the test results and explaining the meaning to you. Genomic Diagnostics does not provide genetic counselling services directly to patients but can refer you to a counselling service if you would like to avail yourself of this.

Contact Details. By ticking the box under Patient Consent, I agree to receive a cord blood stem cell storage rebate voucher valued up to $250 from Cell Care Australia. I consent to my contact details (but no clinical information) being shared with Cell Care Australia so that I can receive information about cord blood and tissue storage as well as my rebate voucher*.

Further information. For more information on the Generation® prenatal test please call **1800 822 999** or visit **generationnipt.com.au**.

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qml.com.au

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Specialist Diagnostic Services Pty Ltd (ABN 84 007 190 043) t/a QML Pathology PUB/MR/1341_V6_Jul17