LEVEL 1, ASCOT CENTRAL
7 ELLERSLIE RACECOURSE DRIVE
REMUERA, AUCKLAND, NEW ZEALAND
TEL: +64 9 555 9598 FAX: +64 9 520 9551
EMAIL: nipt@ascotrad.co.nz www.ascotrad.co.nz

Non-Invasive Prenatal Testing: Request & Consent Form

PATIENT DETAILS:

LAST NAME: ______________________ GIVEN NAMES: ______________________

DATE OF BIRTH (dd/mm/yyyy): __________ PHONE (Home): ______________ MOBILE: ______________

ADDRESS: ____

____ POSTCODE: __________

CLINICAL INFORMATION:

GESTATIONAL AGE: ________ as of date / /

DUE DATE BY SCAN (dd/mm/yyyy): ________________

MATERNAL WEIGHT (kg): ____________________

MATERNAL HEIGHT (cm): ____________________

TEST INDICATIONS:

☐ PERCEPT AS PRIMARY SCREENING TEST

☐ ADVANCED MATERNAL AGE (> 37 years)

☐ COMBINED FIRST TRIMESTER SCREEN RESULT
T21: 1/_____ T18: 1/_____ T13: 1/_____

☐ ULTRASOUND ABNORMALITY: __________

☐ OTHER: ____________________

TEST OPTIONS:

☐ SINGLETON PREGNANCY:
- Tests for chromosomes 21, 18, 13, X and Y, and rare autosomal trisomies.
- Fetal sex is always reported. Clinician to disclose to patient on request.

☐ TWIN PREGNANCY:
- Tests for chromosomes 21, 18, 13, rare autosomal trisomies, and presence or absence of Y.
- Sex chromosome aneuploidy cannot be detected in twins. Fetal sex is always reported. Clinician to disclose to patient on request.

This test is validated for singleton and twin pregnancies of at least 10 weeks gestational age (by scan).

REQUESTING REFERRER:

☐ HELEN GAW, RM: 15-12764 **or,**

☐ EMMA PARRY, CMFM, MCNZ: 18671 **or,**

☐ CINDY ZAITSOFF, MSc, Senior Genetic Counsellor

I verify that the patient and prescriber information in this form is complete and accurate to the best of my knowledge.

REFERRER SIGNATURE: ____________________

DATE: / /

PATIENT CONSENT:

By signing this form, I request that Ascot Radiology perform the Non-Invasive Prenatal Test. I have read the patient consent included on the following page. The risks and limitations of this test have been adequately explained to me.

PATIENT SIGNATURE: ____________________

DATE: / /

COPY OF REPORTS TO:

LMC: ____________________ ADDRESS: ____________________

EMAIL: ____

PHONE: ____________________ FAX: ____________________

PREFERRED METHOD OF REPORT DISTRIBUTION **(PLEASE TICK):** FAX: ☐ EMAIL: ☐

PHLEBOTOMIST DETAILS:

COLLECTOR SIGNATURE: ____________________ SPECIMEN DATE & TIME (HRS): ______________

ASCOT RADIOLOGY

Non-Invasive Prenatal Testing: Patient Informed Consent

Patients undergoing non-invasive prenatal testing should be aware of the following key points:

PURPOSE OF THE TEST:

- This test will identify whether a pregnancy is at 'high-risk' for trisomy 21, trisomy 18 and trisomy 13.
- This test may also identify if the fetus has too many, or too few, of the sex chromosomes (X and Y). The test results will include the sex of the pregnancy. If you do not wish to know the sex, you can ask your healthcare provider not to disclose it to you. However, if the fetus has too many, or too few, of the sex chromosomes, you may not be able to avoid the sex of your pregnancy.
- This test will also identify whether a pregnancy is at 'high-risk' for rare autosomal trisomies - trisomies involving chromosomes other than 21, 18, 13, X and Y.

TEST PROCESS:

- This test is only intended to be performed from the 10th week of pregnancy, as determined by a dating scan. We cannot test before 10 weeks, even if only by one day.
- A sample of your blood will be collected and sent to Victoria Clinical Genetics Services (VCGS) who will issue a report to your healthcare provider. Your healthcare provider is responsible for interpreting and explaining your test results.
- As this is a screening test, it is recommended that all high-risk test results are confirmed by Chorionic Villus Sampling (CVS) or amniocentesis.

LIMITATIONS OF THE TEST:

- This test can only detect extra or missing copies of fetal chromosomes 21, 18, 13 and the sex chromosomes (X and Y). This test will not detect any other fetal chromosome abnormalities.
- Normal test results do not eliminate the possibility that your pregnancy my have other chromosomal abnormalities, birth defects, or other conditions, such as open neural tube defects. A 'low-risk' result does not guarantee a healthy pregnancy or baby.
- As this is a screening test, there is a small possibility that the results could be incorrect. it is possible that the chromosomal abnormality being tested for could be present even if the result is low-risk. This is called a 'false negative'. It is also possible to receive a high-risk result even though an abnormality is not really present. This is called a 'false positive'.
- Some high-risk test results may be due to chromosomal changes in the mother. Further testing of the mother may be required in some circumstances.
- The ability of this test to accurately report fetal sex chromosome abnormalities (too many or too few sex chromosomes) is not well known. Incorrect test results may occur more frequently for these abnormalities.
- For technical and biological reasons, the fetal sex is reported with > 99% accuracy (not 100%).

PRIVACY, CONFIDENTIALITY AND USE OF INFORMATION:

- Your test results will be kept confidential. Results will only be released to your healthcare provider, other healthcare providers involved in your medical care, or to another healthcare provider as directed by you, or otherwise as required or authorised by applicable law.
- Collecting information on your pregnancy after testing is part of our laboratory's standard practice for quality purposes and test evaluation. VCGS may contact your healthcare provided to obtain this information.

RETENTION AND USE OF SAMPLES:

- In line with best practices and clinical laboratory standards, leftover de-identified specimens (unless prohibited by law), de-identified genetic material, as well as other information learned from your testing, may be used by VCGS for purposes of quality control, laboratory operations, laboratory test development, and laboratory improvement. All such uses will be in compliance with applicable law.

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ASCOT RADIOLOGY

Non-Invasive Prenatal Testing: Location & Directions

WE ARE LOCATED IN THE ASCOT CENTRAL BUILDING ON LEVEL 1. Ascot Central is located between Ascot Hospital and the Novotel at 7 Ellerslie Racecourse Drive, Remuera, Auckland. Take the lift to the first floor and turn right.

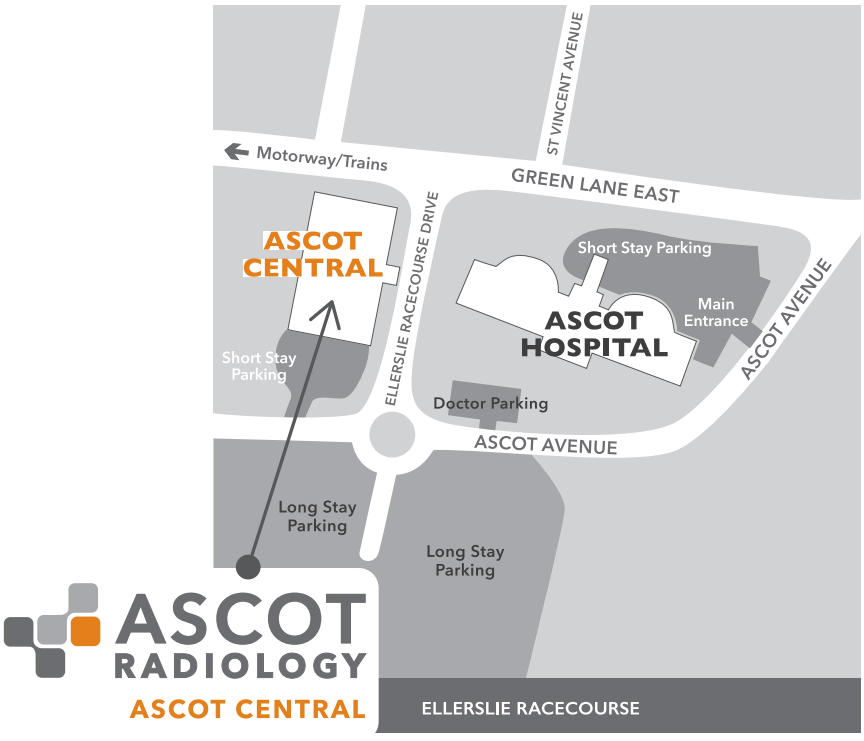
IF YOU ARE COMING FROM THE SOUTH:

- Take the Green Lane exit off the motorway (SH1)
- At the end of the off-ramp, turn right. This takes you around the roundabout and back over the motorway.
- Keep in the right hand lane and at the first set of traffic lights turn right into Ellerslie Racecourse Drive.
- **The Ascot Central building will be on your right as you turn.** There is a large blue 'Fertility Associates' sign on the front of the building.
- Go straight ahead to the roundabout and into the large Pay & Display carpark.
- Take the lift to the first floor and turn right.

IF YOU ARE COMING FROM THE NORTH:

- Take the Green Lane exit off the motorway (SH1)
- At the end of the off-ramp, turn left into Green Lane East.
- Keep in the right hand lane and at the first set of traffic lights turn right into Ellerslie Racecourse Drive.
- **The Ascot Central building will be on your right as you turn.** There is a large blue 'Fertility Associates' sign on the front of the building.
- Go straight ahead to the roundabout and into the large Pay & Display carpark.
- Take the lift to the first floor and turn right.

Please don't hesitate to contact us on the number below if you have any queries.



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