

Patient ID NIPT REQUEST CARD FOR HIGHER CHANCE COMBINED/QUAD SCREENING RESULT Clear PATIENT DETAILS: identification **SURNAME** ADDRESS: of the woman is required to ensure the FIRST NAME (S) results are attributed to POSTCODE: DATE OF BIRTH the correct individual Lead Professional/hospital NHS NUMBER Clear details of where to send the report are required. Please state if HOSPITAL NUMBER Royal Glam or Royal Requester Gwent. RG is not Required to show that the sufficient. **CLINICIAN DETAILS:** woman has Hospital: Lead Professional: consented for NIPT screening Requesters signature: Date: PREGNANCY INFORMATION: Screening Result Singleton pregnancy YES/NO The following have been excluded (please tick Screening result(s) for box to confirm) Twin pregnancy YES/NO **Exclusions** Down's syndrome, If twin pregnancy (please tick box): Women are Blood transfusion within 4 months Edwards'/Patau's unable to syndrome dichorionic undergo NIPT if screening needed Transplant surgery they have from combined monochorionic answered yes to test in Immunotherapy/ stem cell therapy any of these singleton/twin Combined test YES / NO exclusions pregnancy. Maternal malignancy Quad test YES / NO Screening result needed from Multiple pregnancy >2 fetuses quadruple test in Screening result (please tick box): a singleton Pregnancy with vanishing twin Higher chance Down syndrome result Date of pregnancy collection Higher chance Edward/Patau syndrome result It is essential Failure to complete this section will lead to a to date the **EDD** Gestation by scan: delay in the testing of this sample sample for Gestation by the laboratory scan required Specimen taken by: (Please print) Sign: for audit to know the age of the purposes Date of collection: / Time: sample **NIPT Sample** Sample requirements: The NIPT sample Laboratory 10ml of maternal blood in Streck tube. must contain at information least 10mls of sample not to be Please send to laboratory as soon as possible following sample collection. Please inform the blood. It must be placed in a fridge laboratory that a sample is on its way; by telephone: 029 218 44072. collected in a or freezer. specialist cell Sample not to be Laboratory contact details: stabilizing tube centrifuged (Streck). Once Address: All Wales Genomics Laboratory, Institute of Medical Genetics, University Hospital Sample and sample is collected completed of Wales, Heath Park, Cardiff. CF14 4XW the bottle must be request card to inverted 10 times be sent to the All Laboratory working hours: Monday - Friday 08.30-17.00 to maintain the Wales Genomics For further enquiries please email lab.genetics@wales.nhs.uk or ring 029 218 44072. stability of the blood.

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