

NIPT REQUEST CARD FOR HIGHER CHANCE COMBINED/QUAD SCREENING RESULT

PATIENT DETAILS:	
SURNAME	ADDRESS:
FIRST NAME (S)	POSTCODE:
DATE OF BIRTH	
NHS NUMBER	
HOSPITAL NUMBER	

CLINICIAN DETAILS:	
Hospital:	Lead Professional:
Requesters signature:	Date: / /

PREGNANCY INFORMATION:	
Singleton pregnancy YES/NO Twin pregnancy YES/NO If twin pregnancy (please tick box): <input type="checkbox"/> dichorionic <input type="checkbox"/> monochorionic	The following have been excluded (please tick box to confirm) Blood transfusion within 4 months <input type="checkbox"/> Transplant surgery <input type="checkbox"/> Immunotherapy/ stem cell therapy <input type="checkbox"/> Maternal malignancy <input type="checkbox"/> Multiple pregnancy >2 fetuses <input type="checkbox"/> Pregnancy with vanishing twin <input type="checkbox"/>
Combined test YES / NO Quad test YES / NO Screening result (please tick box): <input type="checkbox"/> Higher chance Down syndrome result <input type="checkbox"/> Higher chance Edward/Patau syndrome result	Failure to complete this section will lead to a delay in the testing of this sample
Gestation by scan:	Specimen taken by: (Please print) _____ Sign: _____
Date of collection: / /	Time: _____

Sample requirements:	
10ml of maternal blood in Streck tube.	
Please send to laboratory as soon as possible following sample collection. Please inform the laboratory that a sample is on its way; by telephone: 029 218 44072.	
Laboratory contact details:	
Address:	All Wales Genomics Laboratory, Institute of Medical Genetics, University Hospital of Wales, Heath Park, Cardiff. CF14 4XW
Laboratory working hours: Monday - Friday 08.30-17.00	
For further enquiries please email lab.genetics@wales.nhs.uk or ring 029 218 44072.	

Patient ID
Clear identification of the woman is required to ensure the results are attributed to the correct individual

Requester
Required to show that the woman has consented for NIPT screening

Screening Result
Screening result(s) for Down's syndrome, Edwards'/Patau's syndrome screening needed from combined test in singleton/twin pregnancy. Screening result needed from quadruple test in a singleton pregnancy

EDD
Gestation by scan required for audit purposes

NIPT Sample
The NIPT sample must contain at least 10mls of blood. It must be collected in a specialist cell stabilizing tube (Streck). Once sample is collected the bottle must be inverted 10 times to maintain the stability of the blood.

Lead Professional/hospital
Clear details of where to send the report are required. Please state if Royal Glam or Royal Gwent. RG is not sufficient.

Exclusions
Women are unable to undergo NIPT if they have answered yes to any of these exclusions

Date of collection
It is essential to date the sample for the laboratory to know the age of the sample

Laboratory information
sample not to be placed in a fridge or freezer. Sample not to be centrifuged. Sample and completed request card to be sent to the All Wales Genomics Laboratory