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| ***PLEASE FILL IN WITH CAPITALS*** |
| **Patient Identification** |
| Last Name  | …. |
| First Name  | …. |
| Date of Birth  | …. |
| Address | ….…. |
| Telephone | …. |
| E-mail | …. |
| Gestational Age | …. | Weeks | …. | Days |
| Date of Blood Draw | …. |
| IVF Pregnancy ? |  [ ]  | Yes |[ ]  No |
| Egg Donor or Surrogat ? |  [ ]  | Yes, Age donor …. |[ ]  No |
| Multiple Gestation ? |  [ ]  | Yes, ….  |[ ]  No |
| Vanishing Twin ? (NIPT is possible, but without sex determination) |  [ ]  | Yes |[ ]  No |
| What is your weight ? | …. kg |
| **Please indicate which NIPT you require** (*required*)NIPT Submission Form EN (february 2018) © GENDIA |
| Trisomy 21, 18, 13 |[ ]
| Trisomy 21, 18, 13, with sex chromosome anomalies (Turner, Klinefelter, triple X, XYY) and fetal sex | [ ]   |
| Cystic fibrosis, sickle cell anemia and  thalassemia | [ ]   |
| Trisomy 21, 18, 13, with cystic fibrosis, sickle cell anemia and  thalassemia | [ ]   |
| Trisomy 21, 18, 13, with cystic fibrosis, sickle cell anemia,  thalassemia, sex chromosome anomalies and fetal sex | [ ]   |
| **Referring Physician** |
| Last Name + First Name | … |
| Telephone | … |
| E-mail | … |
| **Consent** |  |
| We agree that GENDIA organises the NIPT, and understand the possibilities and limitations of the NIPT. |
| Signature Mother | Signature Father |
|  |  |
| **Payment** |
| Cash (consultation GENDIA) |[ ]  PIN (consultation GENDIA) |[ ]
| By wire transfer |[ ]  GENDIA will send you an invoice after registration of the sample. |
| By Master / Visa card |[ ]  Name mentioned on credit card | … |
|  |  | Number credit card | … |
|  |  | Expiration Date | Month: …. | Year: …. |
| *Payment is due* ***within a month*** *after receiving the GENDIA invoice.Without payment of the invoice no result will be reported.*  |