|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***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.* | | | | | | | | | | | | | | |