Print surname, first name, phone, fax and SIGN

**Required field: Supervising physician**

Stamp

**Sample material**

- 10 ml venous blood (BCT tube is provided)

*Please note:* incorrectly marked or incomplete samples will be rejected.

**Mandatory field: (Incomplete forms and analysis requests cannot be processed!)**

- Week of gestation (week + day): 
  - Single pregnancy
  - Twin pregnancy

- Height: 
  - Maternal age (≥ 35 years):

- Abnormal First-Trimester Screening (FTS risk calculation):
  - Trisomy 21: 1:
  - Trisomy 18: 1:
  - Trisomy 13: 1:

- Abnormal ultrasound:
  - No increased risk

**Further specifications**

- Genetically inferred increased aneuploidy risk (i.e. parental Robertsonian translocation involving chromosome 21 or 13)
- Previous pregnancies/spontaneous abortions caused by chromosomal aberrations (if so, please specify):
- IVF
- ICSI
- Transfer of single embryos

- No Invasive Prenatal Test (NIPT)

**Possible results of the **Prenatalis®** Tests**

- **Conspicuous:** high probability of an aberration of chromosome 21, 18, 13, or an X or Y aberration. The result should be confirmed by invasive prenatal diagnosis (i.e. amniocentesis).

- **Inconspicuous:** high probability of NO aberration of chromosomes 21, 18, 13, X or Y.

**Limitations of the **Prenatalis®** Test:** The test covers only chromosomes 21, 18, 13 and, if requested, X and Y chromosome. The test is currently not validated for the detection of triploidy, mosaics or subchromosomal aberrations. In some rare cases, the results cannot be interpreted and the analysis has to be repeated. In very rare cases, the phenomenon of a "vanishing twin" can lead to a false result. Invasive prenatal diagnostics is recommended to confirm questionable or clearly pathological results. False-negative and false-positive results can generally not be excluded. Statistically, low risk pregnancies have an increased risk of a false-positive result.

**Testing material:** Exclusively 10 ml venous blood (BCT tube is provided) – order a test kit free of charge online at www.prenatalis.com

**Transportation:** Before shipping a sample, please call +49.89.895575-0 (Monday - Thursday 8.00 am - 1.00 pm)

*Please note:* Do not freeze the specimens. Testing material should arrive in the laboratory within 48 hours after sampling.
Dear Patient,

German GenDG (§10) requires the patient to be fully informed, a written Informed Consent and in case of prenatal testing detailed genetic counseling.

Please read this information carefully and delete statements you do not agree with.

I agree/confirm that I

- was informed about type, chances, risks, limitations and significance of the Prenatalis® test according to German GenDG by the supervising physician. There was adequate time to ask questions,
- understood that the test is not a diagnostic test (such as a chromosomal analysis) but a statistical procedure with a risk calculation,
- cannot receive gender information before the 12th week of pregnancy according to GenDG §15/1
- gave my permission for blood sampling required for the analysis,
- give my permission to perform the Prenatalis® test with my sample,
- consent to the storage of my blood sample after the analysis is performed, without claiming storage,
- consent to my blood sample to be utilized anonymously for scientific purposes and quality management.

Moreover, I was informed that

- I can stop the analysis at any time, asking for the elimination of all results,
- I can withdraw my Informed Consent in total or in part at any time without any reason,
- I have to pay for the costs of the analysis that were generated until my withdrawal,
- I have the right not to know the results of the analysis (right not to know),
- the genetic analysis and possible findings are focussed on the medical indication given above and no statements are made about other diseases,
- an inconspicuous result does not completely exclude a chromosomal abnormality.

Place, date

Patient’s signature

Mandatory field: Disclosure and genetic counseling for the Prenatalis® test according to German GenDG to be completed by the supervising physician

I agree/confirm that

- the pregnant woman was informed about the Prenatalis® test according to German GenDG (§9)
- the pregnant woman was genetically counselled according to German GenDG (§10)

Place, date

Print surname, first name, institution, mailing address (stamp, seal)

Supervising physician’s signature

Mandatory field: Credit card information - to be completed by the patient

Type of card

☐ Mastercard
☐ Visa
☐ American Express

Owner of the card

Credit card number ___________________________ Security code _______________________ Expiration date _______________________

Amount authorized: ☐ 427.94 € ☐ 544.51 €

Place ___________________________ Date ___________________________ Signature (owner of the card) ___________________________