REQUISITION FORM TO GENERA LTD LABORATORY TO NIPT "PANORAMA" TEST

Jūsu testēšanas pieprasījuma Nr.:
Your testing request No:

Phone. +371 26267833; e-mail: info@genera.lv; www.genera.lv; Ratsupites street 1 k-1, Riga, LV-1067

"PANORAMA" TYPE: **DATE:** . .

☐ Standard panel (13., 18., 21. chromosome trisomy, X monosomy, triploidy)

☐ Standard panel + 22q11.2 del (not available in case of dizygotic twins and/or in donated egg pregnancy)

☐ Extended panel (not available in case of dizygotic twins and/or in donated egg pregnancy).Standard panel + microdeletion syndromes: Angelman syndrome, Cri du chat, 1p36 deletion, Prader-Willi syndrome

☐ Include fetal sex determination

PREGNANT INFORMATION:

Name:

Surname:

ID code: -

DOB: . .

Phone: +

e-mail:

PREGNANCY INFORMATION:

Pregnancy time: + **(pregnancy must be at least 9 full weeks!)**

Weight (kg):

Planned date of birth: . .

Height (cm):

Tick as appropriate if applicable:

☐ **IVF pregnancy** using the pregnant woman's own egg/s (age at the time of donation _____)

☐ **IVF pregnancy** using donor eggs (age of the donor at the time of donation _____)

☐ **Twin pregnancy** ("PANORAMA" The test cannot be performed if there are more than two fetuses, or if the twins are pregnant using donor eggs!)

SENDER:

Medical institution:	
Medical institution code:	
Doctor:	
Doctor's ID code:	
Specialty or its code:	
Doctor's phone number:	
Doctor's email address:	

SAMPLE DATA:

Date and time of blood collection: . . Time: :

Name of the institution where sample was taken:

Name and signature of the sampler:

Notes:

THE PATIENT MUST SIGN A CONSENT FORM!!!