



Non-Invasive Prenatal Testing  
CONSENT FORM

Date:		Test ID:	
<b>PATIENT INFORMATION</b>			
Patient's Name:		Date of birth:	Contact Number:
Address:			
Weight:		Blood Type:	
Inherited Disease: Yes/No: _____			
Details of any Inherited Disease or cancers (please also state all medications that patient is currently on):			
Gestation Period: _____ Weeks	Pregnancy type: Singleton_____ Multiple_____ (If multiple, then number of fetus_____)		Past History of Gestational Abnormality: Yes/No: _____
<b>To be filled in by Clinical/Medical Institution</b>			
<b>PREGNANCY PROFILE/SAMPLE INFO</b>			
Doctor:		Undergoing IVF: Yes/No _____ Number of embryos: Implantation _____ Blighted Ovum _____ Fetal Reduction _____	
Double Marker/Triple Marker: _____			
Notes:			
Medical Institution:		Contact Number:	Blood Taken by:  Blood Quantity: _____ ml
<b>*This test does not reveal the gender of the fetus.</b>			
<b>*The blood collection should be done only in Streck tubes.</b>			
Patient's Signature: _____		DD/MM/YYYY Patient Email: _____	
Doctor's Signature: _____		DD/MM/YYYY Doctor's Email: _____	

Please attach an Ultrasound report with this consent form.

**Recommended use of this test:**

The NIPT test is considered after close consultation with your physicians and if possible a genetic counselor.

**The test is recommended in cases where:**

1. Patients are concerned about the risk of invasive prenatal diagnosis; and/or
2. Patients have unusual ultrasonography findings which suggest chromosome abnormality; and/or
3. Patients are of advanced maternal age and/or have a higher risk of their fetus being diagnosed with Down syndrome.

**Test Results:**

The test report will indicate a Positive (aneuploidy detected) or Negative (aneuploidy not detected) result for each of the conditions listed above.

In very few cases, the test does not report any results. In these circumstances, we will require a repeat sample.

**Important Considerations:****This test does not reveal the gender of the fetus.**

If one or both of the parents have a balanced Robertsonian Translocation involving chromosome 21, please consult your physician about the applicability of this test.

Although the detection rate of this test is very high, like all other non-invasive prenatal tests (NIPTs) based on the analysis of cell-free fetal DNA, this test is currently classified as a screening test. A diagnostic test such as Amniocentesis or Chorionic Villus Sampling (CVS) is typically recommended for tests that return as Positive results. Therefore, the results of this NIPT serve as a reference for your physicians to suggest further treatment.

The accuracy and quality of the test may be adversely affected by improper blood sample collection, storage and transportation. The accuracy and quality of the test may also be adversely affected by samples taken from patients that have received medical treatment including allogeneic blood transfusion, transplant operations, and stem cell therapy within 30 days of sample collection.

**This test is not suitable for:**

- Patients with dizygotic multiple gestation.
- Patient with diagnostic results that have revealed chromosomal aneuploidy.
- Patients who have previously accepted blood transfusions from other than themselves, or have undergone transplantation surgery, stem cell therapy or egg donation.
- Patients at less than 10 weeks gestation.
- Patients who have tested positive for HIV and/or Hepatitis B/C.

**Limitations of the test:**

Chromosomal abnormalities such as chromosomal rearrangements, small duplications or copy number variations, balanced translocations, inversions, imbalanced translocations, uniparental disomy, mosaicism, etc., are not within the scope of detection. This test does not guarantee that a fetus will be free from a genetic disease.

**Informed consent:**

If the NIPT test result is high risk, Supratech will ask for further confirmatory test which will require Amniotic Fluid.

**Privacy and confidentiality:**

Supratech respects the privacy and confidentiality of your personal information. The information collected on this form (including any relevant medical history) is collected only for the sole purpose of conducting this test and will not use in any manner to the contrary.

If you have any questions or would like further clarification, please call the below numbers: 079-40408144, +91 9924587900, +91 7698009812.