

**PREGNANCY OUTCOME**

This patient had a NIPT screening test. Please complete this form at the end of the pregnancy and email to [admin.genetics.cav@wales.nhs.uk](mailto:admin.genetics.cav@wales.nhs.uk)

**Name:**

**Address:**

**Date of Birth:**

**Consultant:**

**NIPT Genetics Report Number:**

**NIPT Result:** Low chance  High chance T21  High chance T18   
High chance T13

This pregnancy ended on \_\_\_\_\_ at \_\_\_\_\_ weeks gestation and resulted in a (tick appropriately):

Male  Female  Twin

Livebirth  Stillbirth  Miscarriage  IUD  TOP

**With:**

Normal appearance  Features suggestive of T21  T18  T13

Did this patient have any prenatal or postnatal follow up testing for this pregnancy? Select below:

Yes  No

If yes, was the NIPT result concordant with the diagnostic test result? Select below:

Yes  No

**Thank you for your co-operation**