

## NIPT REQUEST CARD FOR HIGHER CHANCE COMBINED/QUAD SCREENING RESULT

PATIENT DETAILS:		
SURNAME		ADDRESS:   POSTCODE:
FIRST NAME (S)		
DATE OF BIRTH		
NHS NUMBER		
HOSPITAL NUMBER		

CLINICIAN DETAILS:	
Hospital:	Lead Professional:
Requesters signature:	Date: / /

PREGNANCY INFORMATION:	
Singleton pregnancy YES/NO Twin pregnancy YES/NO If twin pregnancy (please tick box): <input type="checkbox"/> dichorionic <input type="checkbox"/> monochorionic	The following have been <b>excluded</b> (please tick box to confirm)  Blood transfusion within 4 months <input type="checkbox"/> Transplant surgery <input type="checkbox"/> Immunotherapy/ stem cell therapy <input type="checkbox"/> Maternal malignancy <input type="checkbox"/> Multiple pregnancy >2 fetuses <input type="checkbox"/> Pregnancy with vanishing twin <input type="checkbox"/> Maternal chromosomal abnormality <input type="checkbox"/>  <b>Failure to complete this section will lead to a delay in the testing of this sample</b>
Combined test YES / NO Quad test YES / NO	
Screening result (please tick box): <input type="checkbox"/> Higher chance Down syndrome result <input type="checkbox"/> Higher chance Edward/Patau syndrome result	
Gestation by scan:	
Specimen taken by: (Please print) _____ Sign: _____  Date of collection: / / Time:	

Sample requirements:	
<b>10ml</b> of maternal blood in Streck tube. Please send to laboratory as soon as possible following sample collection. Please inform the laboratory that a sample is on its way; by email: <a href="mailto:lab.genetics.cav@wales.nhs.uk">lab.genetics.cav@wales.nhs.uk</a>	
Laboratory contact details:	
Address:	All Wales Genomics Laboratory, Canolfan Iechyd Genomig Cymru /Wales Genomic Health Centre, Cardiff Edge Business Park, Longwood Drive, Whitchurch CARDIFF, CF14 7YU
Laboratory working hours: Monday - Friday 08.30-17.00	
For further enquiries please email <a href="mailto:lab.genetics.cav@wales.nhs.uk">lab.genetics.cav@wales.nhs.uk</a> or ring 029 218 44023.	