

NIPT REFERRAL FORM FOR FETAL ANOMALIES (PILOT STUDY)

PATIENT DETAILS:	
SURNAME	ADDRESS:
FIRST NAME (S)	POSTCODE:
DATE OF BIRTH	
NHS NUMBER	
HOSPITAL NUMBER	
CLINICIAN DETAILS:	
Hospital:	Lead Professional:
Requesters signature:	Date: / /
Email address for return of results:	

PREGNANCY INFORMATION:	
Singleton pregnancy YES/NO Twin pregnancy YES/NO	The following have been excluded (please tick box to confirm)
Multiple fetal anomalies strongly suggestive of trisomy 13, 18 or 21 <input type="checkbox"/> Please list	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"/>
Duodenal atresia with additional anomalies <input type="checkbox"/> Please list additional anomalies	Failure to complete this section will lead to a delay in the testing of this sample
Isolated AVSD <input type="checkbox"/> Isolated exomphalos <input type="checkbox"/> Isolated pleural effusion <input type="checkbox"/> Isolated cystic hygroma* <input type="checkbox"/>	
* The NIPT test does not check for Turner syndrome which is an important cause of cystic hygroma.	
Gestation by scan:	
Specimen taken by: (Please print) _____	Sign: _____
Date of collection: / / Time:	

Sample requirements:	
10ml 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 tel: 029 218 44072.	
Laboratory contact details:	
Address:	All Wales Genomics Laboratory, Institute of Medical Genetics, University Hospital of Wales, Heath Park, Cardiff. CF14 4XW
Laboratory working hours: Monday - Friday 08.30-17.00	
For further enquiries please email lab.genetics@wales.nhs.uk or ring 029 218 44072.	