

PLACE BARCODED
PATIENT ID
LABEL HERE

PRENATAL TEST REQUISITION FORM

SAMPLE COLLECTION

Specimen collection date: _____ / _____ / _____

Sequenom collection site ID: _____ **# Tubes:** _____

Sample types:

Buccal swabs Amniotic fluid (Blue-top tube)

Whole blood (Lavender-top EDTA tube) Cultured amniocytes

Whole blood (Black/tan-top tube) Chorionic villi (Blue-top tube)

Whole blood (Green-top sodium heparin) Cultured CVS

PATIENT INFORMATION

Last name: _____ First name: _____

Street address: _____

City / State / ZIP: _____

DOB: _____ / _____ / _____ Sex: Male Female

Tel: (_____) _____ - _____ SS#: _____ - _____ - _____

BILLING INFORMATION

Bill: Patient Patient's Insurance (Attach copy of both sides of insurance card)

Policy holder name: _____

Relationship to patient: Self Spouse Child Other _____

Insurance company:

Company: _____ Authorization #: _____

Billing address: _____

City / State / ZIP: _____

Policy #: _____ Group #: _____

CLINICIAN INFORMATION

Sequenom lab account #: _____

Account name: _____

Account address: _____

City / State / ZIP: _____

Ordering clinician: _____

NPI: _____

Tel: (_____) _____ - _____ Fax: (_____) _____ - _____

Referring clinician: _____

NPI: _____

Tel: (_____) _____ - _____ Fax: (_____) _____ - _____

CLINICAL INFORMATION (For use with MaterniT21 PLUS & NextView tests only)

Pregnancy history: Gravida _____ Para _____ SABs _____ TABs _____

Multiple gestation? Twins Triplets Other _____

Gestational age: Weeks: _____ Days: _____ by LMP U/S

Fetal karyotype: 46,XX 46,XY Not performed Pending

Abnormal (If abnormal, please enclose copy of the karyotype report)

Maternal height: _____ ft. _____ in. Maternal weight: _____ lbs.

AUTHORIZATION TO USE LEFTOVER SAMPLE AND TEST DATA

Upon completion of the test, and with my consent, the remaining sample and test data may be "de-identified" and all personal information will be removed. Sequenom Laboratories may use de-identified samples and test data for quality improvement, and/or research studies. My name or other personal identifying information will not be used in or linked to the results of any studies and publications.

I authorize Sequenom Laboratories to store and use my de-identified patient sample and test data as described above. Date: _____ / _____ / _____

I do not authorize Sequenom Laboratories to store and use my de-identified patient sample and test data as described above. Date: _____ / _____ / _____

Print name of patient: _____

Patient's signature: _____

NONINVASIVE PRENATAL TESTS (Laboratory-developed Tests)

MaterniT21™ PLUS Test for Chromosomal Abnormalities (see reverse for About Test)

ICD9 Code Required. Increased risk due to (Check one or more):

Maternal age: 659.50 659.60 659.63 Other _____

Abnormal serum biochemical screening: 796.5 Other _____

Ultrasound finding: 655.13 Type: _____

Personal or family history 655.23

Opt-Out for subchromosomal copy number variants (microdeletions), chromosomes 22 and 16

SensiGene® Fetal RHD Genotyping Test

Mother must have Rh Negative blood type. Testing has limitation in twins. Call Customer Service before ordering for multiple gestation pregnancies.

ICD9 Code Required: 656.13 Other _____

Previous pregnancy involving RhD disease? Yes No

Gestational age: Weeks: _____ Days: _____

CVS AND AMNIOCENTESIS PRENATAL TESTS (Laboratory-developed Tests)

NextView™ Array Test: microarray analysis on CVS or amniotic fluid (culturing may be required)

NextView™ Karyotype Reflex to Array Test

NextView™ Karyotype Test: on CVS or amniotic fluid

NextView™ FISH Test: rapid detection of aneuploidies of chromosomes 13, 18, 21, X, Y

NextView™ AF-AFP Test: amniotic fluid AFP with reflex to AChE

NextView™ MCC Test: maternal cell contamination studies

ICD9 Code Required. Increased risk due to (Check one or more):

Congenital anomaly unspecified: 759.9

Other specified congenital anomalies: 759.89

Maternal age: 659.50 659.60 Other _____

Abnormal finding on antenatal screening: 796.5 Other _____

Ultrasound finding: _____

Abnormal findings of fetal ultrasound (Please indicate abnormalities on back)

Other _____

CARRIER SCREENING TESTS (Laboratory-developed tests)

Heredi™ Cystic Fibrosis Test

ICD9 Code Required: V77.6 V82.71 V22.0 Other _____

Is patient pregnant? Yes No

Family history of CF? Yes No

Affected child / previous pregnancy? Yes No

Affected relative: Has CF disease Known mutation carrier

Family member mutation: _____

Family member: Sibling Parent Cousin Niece / Nephew

Aunt / Uncle Grandparent

Ancestry: Caucasian / White Ashkenazi Jewish Hispanic

African American / Black Asian Other _____

Heredi™ Ashkenazi Jewish Panel Test

ICD9 Code Required: V26.31(F) V26.34(M) Other _____

Currently taking birth control medicine? Yes No

Partner carrier? Yes No

Heredi™ Fragile X Syndrome Test (Females only)

ICD9 Code Required: 759.83 Other _____

Heredi™ Spinal Muscular Atrophy Test

ICD9 Code Required: V82.71 Other _____

CONSENT ACKNOWLEDGMENT

My health care provider has provided me with information regarding the tests requested on this form and advised me of the availability of professional genetic counseling. I authorize laboratory provider to furnish my insurance/health plan provider with this form, my test results, or other information requested for reimbursement, to appeal any reimbursement denial, and authorize all reimbursements to be paid directly to laboratory provider. I understand that I am responsible for any amount not paid, including amounts for non-covered services.

Patient's signature: _____

I certify that the patient has been informed of the benefits, risks, and limitations of the tests requested, informed the patient of the availability of genetic counseling, and have obtained informed consent from the patient for the tests requested.

Clinician's signature: _____

LIMITATION OF THE MATERNIT21™ PLUS TEST

The **MaterniT21™ PLUS** test evaluates fetal genetic material and makes a determination for chromosome 21, 18 and 13 representation and other chromosomal abnormalities, including fetal chromosome 22, 16 and sex aneuploidies, X and Y representation, and subchromosomal copy number variants (microdeletions). Sex chromosomal aneuploidies are not reportable for known multiple gestations.

Limitations: DNA test results do not provide a definitive genetic risk in all individuals. Cell-free fetal DNA does not replace the accuracy and precision of prenatal diagnosis with CVS or amniocentesis. A patient with a positive test result should be referred for genetic counseling and offered invasive prenatal diagnosis for confirmation of test results. A negative test result does not ensure an unaffected pregnancy. While results of this testing are highly accurate, not all chromosomal abnormalities may be detected due to placental, maternal or fetal mosaicism, or other causes. Sex chromosomal aneuploidies are not reportable for multiple gestations.

TRADEMARKS

The MaterniT21™ PLUS and SensiGene® Fetal RHD Genotyping tests are laboratory-developed tests that were validated under Federal CLIA laboratory guidelines by Sequenom Laboratories, a wholly-owned subsidiary of Sequenom.

The HerediT™ Carrier Screening tests are laboratory-developed tests that were validated under Federal CLIA laboratory guidelines by Sequenom Laboratories, a wholly-owned subsidiary of Sequenom. HerediT CF tests are performed by Sequenom Laboratories. HerediT AJP and FX tests are performed by Mt. Sinai Genetic Laboratory, a CLIA certified laboratory. HerediT SMA tests are performed by Quest Laboratories, a CLIA certified laboratory.

The NextView™ prenatal individual options for amniocentesis and CVS analysis are laboratory-developed tests that were validated under Federal CLIA laboratory guidelines by CombiMatrix, a CLIA-certified laboratory. Tests include NextView™ Array for direct microarray analysis (uncultured CVS tissue or amniotic fluid), NextView™ Karyotyping Reflex on CVS or amniotic fluid with reflex to NextView microarray, NextView™ Karyotyping on CVS or amniotic fluid, NextView™ FISH for rapid detection of aneuploidies of chromosomes 13, 18, 21, X, Y, NextView™ AF-AFP amniotic fluid AFP with reflex to AChE, NextView™ MCC: maternal cell contamination studies (for normal female microarray and karyotype results).

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