PRENASCAN

GNT LABS BY GENNET

Request for non-invasive prenatal testing of aneuploidies - PRENASCAN

Personal data of the patient (label):	**Referring physician:**
Name and surname: Birth identification number/ID number: Date of birth: Insurance: Gender: ☑ Female Address: Diagnosis (ICD):	*(name, specialisation, identification number, workplace, stamp, signature)*

Primary sample:

☐ Peripheral blood (Streck Cell-Free DNA BCT CE, 10 ml non-coagulated blood)*

**After blood collection, it is necessary to invert the tube 10 times and store it at room temperature.*
The blood must be delivered to the laboratory within 2-3 days of collection!

Date and time of collection:	**Date and time of indication (if different from the collection date):**

Clinical data: (to be completed by the referring physician)

Vanishing twin syndrome:* ☐ YES ☐ NO **Is it a repeated blood collection for this examination?** ☐ YES ☐ NO

*) If YES: The examination can be performed in the case of vanishing twin syndrome only if it has been diagnosed by the 8th week of pregnancy, and the sample collection follows at least 8 weeks after the cessation of development of the second foetus.

Number of foetuses: ☐ 1 ☐ 2 → Is it: ☐ Monozygotic ☐ Dizygotic ☐ Zygosity undetermined

Pregnancy after IVF: ☐ YES ☐ NO PGT was conducted: ☐ YES ☐ NO Donated oocyte: ☐ YES ☐ NO Donor's age:

Weight (kg):
Height (cm):
Risk of T21 1/
Risk of T18 1/
Risk of T13 1/

Date of last menstruation:
Gestational age at the time of collection according to US: Weeks: + Days:

Is the patient taking anticoagulants (heparin-based)? ☐ YES ☐ NO Number of hours since the last medication dose:*

*) If the patient is taking anticoagulants (e.g., Fraxiparine, Clexane), there is a higher risk of an uninformative test result and the need for repeated collection. Blood collection must be done before the administration of the next dose of the medication (i.e., as far away as possible from the last dose).

Results will be sent to the following doctor's email:

Informed consent* – The patient has been provided with the consent form and instructions regarding PRENASCAN, and the patient agrees:

☑ With the examination of the sample
☐ With the use of the sample for research purposes

Does the patient want to know the gender of the foetus? ☐ YES ☐ NO

NO: We will not report the gender of the foetus, but we analyse sex chromosomes, ***and in the case of abnormalities in sex chromosomes, we will report this finding, including the gender of the foetus!***

Does the patient want to know additional findings? ☐ YES ☐ NO

If YES: We analyse the entire genome and report all findings of size 7Mb or larger.
If NO: We analyse only chromosomes 21, 13, and 18, and abnormalities of the sex chromosomes.

*) By submitting the request, the referring physician confirms that the patient or legal representative has signed the informed consent with the examination, which is either stored in the patient's documentation or attached to this request.

The examination is conducted by: GENNET, s. r. o., Laboratories GENNET, Pekařská 635/6, 158 00 Prague 5 – Jinonice, Tel: 226 231 691

Laboratory notes:
Date and time of sample/request reception:
Sample/request was received by: