CentoNIPT® offers genetic, non-invasive prenatal testing (NIPT) to screen for the most common fetal chromosomal abnormalities (Trisomy 21, Trisomy 18, Trisomy 13 and sex chromosomes). Our test combines the latest next generation sequencing technology with expert medical reporting.

• Unmatched safety for mother and developing fetus compared to current invasive testing methods
• Highly accurate results
• Comprehensive reporting by our expert medical team
• Test from as early as 10 gestational weeks

• Only 9 ml of blood from the mother required
• CAP and CLIA accreditation with fully validated workflows for sample analysis
• Results within 5 business days
• Analysis of twins (monzygotic and dizygotic) is also possible **

* Sample preparation and analysis software are CE-IVD marked.
** Gonosomal aneuploidies cannot be detected for twin pregnancies.
Conventional prenatal testing for fetal chromosomal abnormality involves either chorionic villus sampling or amniocentesis. These procedures are highly invasive and carry an elevated risk of miscarriage. Despite this risk they are standard practice in most of the world because of their high levels of accuracy and the range of abnormalities they can detect.

With CentoNIPT, CENTOGENE now offers non-invasive prenatal testing that provides fast and accurate screening for the most common prenatal chromosomal abnormalities.

CentoNIPT is performed on a single maternal blood sample and combines the latest next generation sequencing technology with the highest quality medical reporting. It provides unparalleled accuracy and detection compared to other non-invasive testing methods – ultrasonography or nuchal translucency testing.

Our medical expertise is ideally suited to provide you and your patients with reliable, well supported interpretations of results.
Fetal Chromosomal Abnormalities

Approximately 1% of all babies will be born with a chromosomal abnormality which can cause physical disability and/or mental retardation. Roughly 70% of syndromic chromosomal abnormalities are due to Trisomy T21, T18 or T13 and 10% by Turner syndrome (Monosomy X). The risk of Trisomy increases significantly with maternal age.

Fast & Accurate Results

Our optimized workflows enable comprehensive, high-quality medical reports with validated results within 5 business days.

High Sensitivity & Specificity

CentoNIPT combines next generation sequencing with integrated measurement of fetal fraction, even for fetal fractions less than 4%. This results in the lowest technical failure rate and eliminates unnecessary invasive testing as follow-up of NIPT.

The CENTOGENE Advantage

CENTOGENE offers a comprehensive package starting with NIPT for most common chromosome aneuploidies to prenatal whole exome/whole genome sequencing. After birth, we offer biomarker testing and our whole genetic test portfolio including specialized genetic analysis for critically ill newborns on ICU.

Do you already have a CentoNIPT box? – just contact us –
Prepare the maternal sample using your individual CentoNIPT box
Select your test at CentoPortal® by using the NI code of your CentoNIPT blood collection tube
Package and ship the sample in your CentoNIPT box – for free
## Results and Limitations of the Test

CentoNIPT screens for chromosome aneuploidies (chromosomes 21, 18, and 13, X and Y) in single and twin pregnancies from the 10th gestational week. Fetal gender can be determined by the test for singleton pregnancies, for twin gestations only the presence of Y chromosomes can be determined. Although CentoNIPT is highly effective for detecting the aforementioned fetal chromosomal abnormalities, a pregnancy may still be associated with other chromosomal abnormalities, birth defects or complications.

<table>
<thead>
<tr>
<th>TRISOMIES</th>
<th>SENSITIVITY</th>
<th>SPECIFICITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trisomy 21 (Down syndrome)</td>
<td>&gt; 99.9%</td>
<td>99.9%</td>
</tr>
<tr>
<td>Trisomy 18 (Edwards syndrome)</td>
<td>&gt; 99.9%</td>
<td>99.9%</td>
</tr>
<tr>
<td>Trisomy 13 (Patau syndrome)</td>
<td>&gt; 99.9%</td>
<td>99.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SEX CHROMOSOME ANEUPLOIDIES &amp; FETAL GENDER</th>
<th>CONCORDANCE WITH CYTOGENETIC RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>XX</td>
<td>100.0%</td>
</tr>
<tr>
<td>XY</td>
<td>100.0%</td>
</tr>
<tr>
<td>XO (Turner syndrome)</td>
<td>90.5%</td>
</tr>
<tr>
<td>XXX (Triple X syndrome)</td>
<td>100.0%</td>
</tr>
<tr>
<td>XXY (Klinefelter syndrome)</td>
<td>100.0%</td>
</tr>
<tr>
<td>XYY (Jacobs syndrome)</td>
<td>91.7%</td>
</tr>
</tbody>
</table>
Noninvasive prenatal testing (NIPT) based on cell-free DNA analysis from maternal blood is a screening test; it is not diagnostic. Test results must not be used as the sole basis for diagnosis. Further confirmatory testing is necessary prior to making any irreversible pregnancy decision.

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