CentoNIPT, CentoNIPT Expanded — Request Form

CENTOGENE
GUIDING PRECISION MEDICINE

Please use block letters, and write neatly. * Mandatory fields must be completed for testing to proceed

Patient's Initials* _____

Date of Birth* ___ / ___ / _____ (DD/MM/YYYY)

NIPT Streck Tube Number* _____

Sample Collection Date* ___ / ___ / _____ (DD/MM/YYYY)

Samples for NIPT can only be accepted if provided to CENTOGENE within the CentoNIPT Streck tube

Requested Test*

☐ **CentoNIPT Singleton Pregnancy**
Screening for aneuploidies in chromosomes 13, 18, 21

Reporting on fetal gender?[1] ◯ Yes ◯ No

Reporting on sex chromosome aneuploidies (SCA)?[1,2] ◯ Yes ◯ No

☐ **CentoNIPT Twin Pregnancy**
Screening for aneuploidies in chromosomes 13, 18, 21[3]

Reporting on fetal gender?[1,4] ◯ Yes ◯ No

☐ **CentoNIPT Expanded Singleton Pregnancy**
Screening for aneuploidy status of all autosomes including rare autosomal aneuploidies (RAAs) and partial deletions and duplications of ≥ 7 Mb for all autosomes[5,6]

Reporting on fetal gender?[1] ◯ Yes ◯ No

Reporting on sex chromosome aneuploidies (SCA)?[1,2] ◯ Yes ◯ No

☐ **CentoNIPT Expanded Twin Pregnancy**
Screening for aneuploidy status of all autosomes including rare autosomal aneuploidies (RAAs) and partial deletions and duplications of ≥ 7 Mb for all autosomes[3,5,6]

Reporting on fetal gender?[1,4] ◯ Yes ◯ No

Patient Information

Last Name _____

First Name _____

Reference No. _____

Clinical Information*

Gestational Age at Sample Collection* ___ weeks ___ days

Maternal Weight ___ kg

Maternal Height ___ cm

☐ **Normal pregnancy**

☐ Abnormality of fetal movement

☐ Increased nuchal translucency

☐ Short fetal humerus length

☐ IVF or egg donor pregnancy
(specify in further clinical information)

☐ Abnormal ultrasound

☐ Advanced maternal age

☐ Positive serum screen

☐ History of chromosome aneuploidies
(specify in further clinical information)

Additional Information

This test is a screening assay and does not provide a definitive diagnosis. Results must not be used as the sole basis for clinical decision-making. High-risk results should be confirmed by invasive diagnostic procedures (e.g., amniocentesis or chorionic villus sampling) prior to making any irreversible pregnancy decision.

1 By signing this document, you confirm to comply with local laws regarding the feasibility and time of the disclosure of the fetal gender. Please note that under the German Genetic Diagnostics Act the fetal gender can only be reported after the 12th week of pregnancy and upon the consent of the mother. Consequently, the result of the sex chromosome analysis can only be reported after the 12th week of pregnancy and upon the consent of the mother. Accordingly, gestational age at the time of data analysis is used to determine whether fetal gender and/or sex chromosome analysis is included in or excluded from a report. Data analysis may precede the report date by one or more days.

2 Please note that if a sex chromosome aneuploidy (SCA) is detected, the fetal gender will be revealed and will therefore be explicitly stated on the report, even if you have not opted for reporting of fetal gender. If you do not want the fetal gender to be reported, please opt out of both fetal gender and SCA reporting.

3 Detection of sex chromosome aneuploidies for twin pregnancies is not possible.

4 In case of twin gestations autosomal chromosome abnormalities can be detected by this test but cannot be attributed to individual twin fetuses. In case of twin gestations, the detection of chromosome Y indicates that at least one of the fetuses is male; however, the fetal gender of each individual twin cannot be determined by the test.

5 Currently, the clinical utility of non-invasive prenatal screening for rare autosomal aneuploidies (other than chromosomes 13, 18, 21) and CNVs >7Mb is limited (ACMG guidelines for NIPS - PMID: 36524989).

6 CentoNIPT Expanded cannot screen for all CNVs or structural chromosomal abnormalities; balanced rearrangements, low-level mosaicism, CNVs <7 Mb, single-gene disorders, and sequence variants are not assessed. CentoNIPT Expanded can only screen for CNVs in autosomes; CNV analysis in sex chromosomes is not available.

If a NIPT test is cancelled after receipt of the sample, but prior to analysis set-up, CENTOGENE charges a processing fee and will send a cancellation report. Once testing is initiated, the full price of the analysis will be charged. Terms & Conditions of CENTOGENE GmbH, which are available on centogene.com, apply to your order. Please note CentoNIPT is unavailable in the U.S.

Further Clinical Information (e.g. family history, affected siblings, additional clinical symptoms)

Physician or Laboratory – Reporting address

Physician Name*

Clinic Name*

Department*

Street*

Town*

Postal Code* Country*

Telefon Fax

E-Mail*

Additional Recipient

Physician Name

Clinic Name

Department

Street

Town

Postal Code Country

Telefon Fax

E-Mail

☐ I hereby confirm that the patient consented to forward the medical report to this additional report recipient.

Billing*

Promo Code – If applicable

Quotation No.

Invoice To ☐ Patient** ☐ Institution ☐ Insurance – **Please attach cost coverage authorization**

Company Name

Department

Consignee

Street

Town

Postal Code Country

Telefon Fax

E-Mail*

VAT ID***

**** In Case of Direct Billing to the Patient:** ☐ The patient authorized to request the test(s) outlined on page 1. The patient was also informed about the resulting costs (and possibly applicable German 19% VAT) and requested to be billed directly by e-mail. The address given above is the patient's billing address.

*** Mandatory for institutional customers in the EU

Date | Name of the treating physician | Signature of the treating physician

More information
centogene.com

Ordering
centoportal.com