Universitair Ziekenhuis Brussel

Hôpital Erasme | ULB | ULB Center of Human Genetics

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REQUEST FORM GENETIC ANALYSIS NON-INVASIVE PRENATAL TEST (NIPT)

CENTRE FOR MEDICAL GENETICS

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BELAC 141-MED **BELAC 141-MED accreditation according to quality norm ISO15189**

A separate form has to be filled completely in CAPITALS per patient.
A genetic test will only be started after receipt of a fully completed request form signed by both the patient and referring physician.

Identification of patient

Name:
First name:
Date of birth:
Residential address:

Sticker identification patient

Invoice address:

Email address:
Phone:
National registry N°:
Ethnic origin:

Identification of referring

Name:
First name:
Referring service:
Address:

Stamp referring physician

Email address:
Ehealth address:
Phone:
RIZIV/INAMI N°:
Date request :
Your reference:
Copy result to:
Address:

Language of choice for report ☐ English ☐ French ☐ Dutch

Pregnancy data

Before pregnancy:

Length (cm): _____ Weight (kg): _____ *BMI _____

*With a BMI value of 30 or higher, it is advisable to perform NIPT only from the 14th week of pregnancy to reduce the chance of inconclusive results

Pregnancy:

☐ Spontaneous ☐ after IVF ☐ after ICSI ☐ after PGD ☐ Oocyte donor

Ultrasound:

Date: ...../...../..... Attention! NIPT is less reliable before 12 weeks of pregnancy

Number of weeks pregnant: _____ weeks _____ days

Signs:
☐ Absent
☐ Suggestive for trisomy 21
☐ Suggestive for other (numerical) anomaly
Description: _____

Nr of foetuses: ☐ 1 ☐ 2 ☐ vanishing twin
Chorionicity: ☐ DC/DA ☐ MC/DA ☐ MC/MA

Attention! NIPT and sex determination is less reliable in case of a (vanishing) twin

Sample information

☐ 1St 1x 10 mL blood in Streck tube

Attention! minimally 8 mL blood/tube and inversion of tube directly after sampling is required
Conservation and transport: at room temperature maximum 1 day / at cooling temperature up to 4°C
if > 1 day - freezing should be absolutely avoided

Date of sampling: _____ Hour of sampling: _____
Hour of receipt: _____ Date of receipt: _____

History

Pregnancy/ies: G: ___ P: ___ A: ___ ☐ Miscarriage ☐ TOP ☐ Extra uterine ☐ Molar

History of genetic condition:

☐ In previous pregnancy: _____
☐ In patient: _____
☐ In family: _____

History of pregnant patient:

☐ Medical: _____ Date: ...../...../.....
☐ Surgical: _____ Date: ...../...../.....
☐ Medication/therapy: _____
_____ Date: ...../...../.....
☐ Other: _____
_____ Date: ...../...../.....

Informed consent of pregnant patient

1. I have been informed about the possibilities and limitations of this test, as described in the information leaflet. I have had the opportunity to ask my healthcare provider for additional information.
2. I understand that NIPT is a non-invasive genetic test performed from the 12th week of pregnancy. The NIPT is performed on a blood sample from myself, though the DNA which is examined originates from the placenta.
3. I understand that NIPT is mainly intended for detecting trisomy 21, 18, and 13 (Down syndrome, Edwards syndrome, and Patau syndrome, respectively).
4. I understand that other, more suitable tests are recommended when there is an increased risk for specific genetic conditions.
5. NIPT is a screeningtest. In case of a normal result, the chance of the fetus having trisomy 21, 18, and 13 is very small but not completely ruled out. On the other hand, it is possible that in the case of an abnormal NIPT result, the baby does not have the anomaly. For this reason, an abnormal result should always be confirmed by an invasive prenatal test (preferably an amniocentesis).
6. The result will usually be available after 4 working days, counted from the first working day of receiving the blood sample.
7. In some cases, no result can be obtained. In this case, a new blood sample can be tested without extra cost.
8. I understand that one NIPT per pregnancy is reimbursed in Belgium and that the personal contribution is limited (https://www.brusselsgenetics.be). If I am entitled to increased reimbursement, I do not have to pay any personal contribution. With my signature, I confirm that I have not yet undergone NIPT or a combination test during my current pregnancy (except if a second NIPT sample is requested by the laboratory). If I am not affiliated with a Belgian health insurance fund, I am aware that I must pay the full cost of this test myself.
9. In rare cases, NIPT may detect other chromosomal abnormalities than trisomy 21, 18, and 13 both in the fetus and in myself. These results will be communicated if they are deemed clinically relevant for me and/or my child, taking into account the guidelines of the Belgian College for Human Genetics and Rare Diseases. I understand that additional tests will be performed if necessary. I can choose whether or not I wish to be informed about this. The accuracy of the test for determining sex chromosome abnormalities and other chromosomal abnormalities is not yet known. I will have the opportunity to discuss these findings with a clinical geneticist/genetic counselor.
10. I understand that this test can determine the sex of the fetus with a high probability. I also understand that this test can detect certain abnormalities of the sex chromosomes (Turner syndrome and Klinefelter syndrome) and that I must give consent if I wish to be informed about this.
11. I understand that the residual material and the obtained genetic data after performing the NIPT can be used pseudonymously for validation, internal quality controls, or research purposes (e.g., optimization of NIPT and new developments).

Please indicate which analysis you prefer (if you have not indicated a choice, a standard analysis will be performed)

- ☐ I prefer the standard comprehensive analysis, which includes an examination of ALL chromosomes and the sex
- ☐ I prefer the standard comprehensive analysis and information about sex chromosome abnormalities, namely Turner syndrome and Klinefelter syndrome**.
- ☐ I prefer a limited analysis, I only want to be informed about trisomy 13, 18, and 21, and the sex
- ☐ I prefer a limited analysis, I only want to be informed about trisomy 13, 18, and 21, as well as sex chromosome abnormalities**

** not possible in case of a twin pregnancy

Patient

Name: _____

Date: _____

Signature: _____

Referring physician

Name: _____

Date: _____

Signature: _____