



CLINICIAN INFORMATION

Blank area for clinician information.

ADDITIONAL COPY OF RESULT (optional)

Referring clinician: _____ Fax: (_____) _____
Other clinical recipient: _____ Fax: (_____) _____

INSURANCE INFORMATION Attach copy of both sides of insurance card

Blank area for insurance information with four checkboxes.

NONINVASIVE PRENATAL TEST MENU

0 7 3 MaterniT@ 21 PLUS Select fetal aneuploidies - choose one option:

- Core (chr 21, 18, 13, sex)
- Core + ESS*
- Core + SCA**
- Core + ESS + SCA

* ESS = chr 16, chr 22, and select microdeletions **SCA = sex chromosome aneuploidies

Provider authorizes genetic counseling services for abnormal results

REQUIRED CLINICAL INFORMATION

! Gestational age: _____ weeks _____ days or EDD: ____/____/____

! Gestation: Singleton Twins Triplets Other: _____

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

MEDICAL INDICATION FOR TESTING **!** Select one or more ICD10 codes

No known high risk for fetal chromosomal aneuploidies

Z34.91 1st tri Z34.92 2nd tri Z34.93 3rd tri Other ICD10 code: _____

COMMENTS

Blank area for comments.

MaterniT® 21 PLUS ORDERING OPTIONS. SEE LIMITATIONS OF TESTS SECTION

The core MaterniT 21 PLUS test includes T21, T18, T13 and fetal sex.
Select desired content on reverse.

MaterniT 21 PLUS CORE

SEX CHROMOSOME ANEUPLOIDIES OPTION:

Includes sex chromosome aneuploidies. See list in column to the right.

MICRODELETIONS/ENHANCED SEQUENCING SERIES (ESS) OPTION:

Includes T22, T16, and selected microdeletions (Enhanced Sequencing Series). See list in column to the right.

* Reported as additional findings