## **NHS FASP NIPT SAMPLE**

## PLEASE SEND THIS TOP COPY WITH THE SAMPLE

or Laboratory use only	

Place the FORM barcode label here

Woman's Information		Clinic Information	
First Name		Hospital Name	
		and 5 Digit ODS Code	
Last Name		Ordering Clinician	
		Address	
Date of Birth (DD/MM/YYYY)			
Address		City	
		Postcode	
City			
Oity		Phone	
Postcode		NHS Email	
NHS Number Hospital Number		Referring Clinician	
Ethnicity		Screening options requested	
☐ <b>B</b> Irish ☐ <b>L</b> Any other Asi	an background	☐ T21, T18, T13 ☐ T21 only ☐ T18 and T13 only	
□ C Any other White background □ M Caribbean □ D White and Black Caribbean □ N African		Essential clinical information*	
□ <b>D</b> White and Black Caribbean □ <b>N</b> African □ <b>E</b> White and Black African □ <b>P</b> Any other Bla	ck background		
☐ <b>F</b> White and Asian ☐ <b>R</b> Chinese		Gestational age at NIPT sampling date EDD by ultrasound by ultrasound (DD/MM/YYYY)	
☐ G Any other mixed background ☐ S Any other eth☐ H Indian☐ Z Not stated	nic group	weeks days	
☐ H Indian   ☐ Z Not stated     ☐ J Pakistani   ☐ 99 Not known		Number of Fetuses* □ 1 □ 2	
		IVF Pregnancy?* □ No □ Yes	
Weight (kg) at time of NIPT sample collection		Chorionicity for twin pregnancy	
Confirmation of eligibility		☐ Monochorionic ☐ Dichorionic ☐ Unknown	
Please confirm the following have been considered and excluded (tick Yes if excluded):		Type of screening: ☐ Combined ☐ Quad	
maternal cancer (unless in remission)	□ No □ Yes	T21 screening chance result: 1 in	
blood transfusion in the last 4 months	□ No □ Yes	Joint T18 and T13 screening chance result: 1 in	
(whole blood or plasma)		Is this a repeat sample? ☐ No ☐ Yes	
<ul> <li>bone marrow or organ transplant recipient</li> <li>vanished twin pregnancy (an empty second pregnancy sac</li> </ul>	□ No □ Yes	Reason for repeat sample Previous T21, T18 or T13? ☐ No ☐ Yes (please print which condition)	
or a second pregnancy sac containing a non-viable fetus)	□ No □ Yes	Previous 121, 110 of 113: Lino Lines (please print which condition)	
• maternal T21	□ No □ Yes	IMPORTANT BLOOD DRAW INFORMATION	
• balanced translocation or mosaicism of T21, T18 or T13	□ No □ Yes		
<ul> <li>immunotherapy in the current pregnancy, excluding IVIg treatment</li> </ul>	□ No □ Yes	Sample requirements     Minimum of 6.5ml of maternal blood in cell stabilising tube.  The first stabilising tube.	
• stem cell therapy	□ No □ Yes	<ul><li>The tube should be gently inverted 10 times after blood draw.</li><li>Do not refrigerate.</li></ul>	
Further clinical details that require discussion with the NIPT laboratory prior to obtaining sample:		<ul> <li>Send to NIPT laboratory as soon as possible following sample collection.</li> <li>Inform the NIPT laboratory that a sample is on its way.</li> <li>Laboratory to confirm receipt of sample.</li> </ul>	
Does the following apply to the woman?		Complete A & B: (DD/MM/YYYY)	
• any known chromosomal or genetic condition other than ☐ No ☐ Yes T21, T18 or T13 in pregnant woman		A. Blood collected on: by:	
If Yes, please contact the laboratory to discuss prior to obtaining the sample.		B. Write the woman's full name and date of birth on tube barcode label.  Name, barcode and date of birth must match the Request Form. Place label lengthwise on the cfDNA tube as shown in the example.	



## **NHS FASP NIPT SAMPLE**

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For Laboratory use only		

Place the FORM barcode label here

Woman's Information		Clinic Information	
First Name		Hospital Name and 5 Digit ODS Code	
		and bigit obe code	
Last Name		Ordering Clinician	
		Address	
Date of Birth (DD/MM/YYYY)			
Address		City	
		Postcode	
City		Phone	
Postcode		NHS Email	
NHS Number Hospital Number		Referring Clinician	
Ethnicity    K Bangladeshi		Screening options requested	
□ B Irish □ L Any other Asi	an background	☐ T21, T18, T13 ☐ T21 only ☐ T18 and T13 only	
<ul><li>□ C Any other White background</li><li>□ M Caribbean</li><li>□ N African</li></ul>		Essential clinical information*	
<ul> <li>□ E White and Black African</li> <li>□ F White and Asian</li> <li>□ C Any other mixed background</li> <li>□ S Any other ethnic group</li> </ul>		Gestational age at NIPT sampling date by ultrasound (DD/MM/YYYY) weeks days	
☐ H Indian ☐ Z Not stated ☐ J Pakistani ☐ 99 Not known		Number of Fetuses*   1  2	
Weight (kg) at time of NIPT sample collection		IVF Pregnancy?* □ No □ Yes	
Confirmation of eligibility		Chorionicity for twin pregnancy  ☐ Monochorionic ☐ Dichorionic ☐ Unknown	
	udod		
Please confirm the following have been considered and excluded (tick Yes if excluded):		Type of screening: ☐ Combined ☐ Quad  T21 screening chance result: 1 in	
maternal cancer (unless in remission)	□ No □ Yes	Joint T18 and T13 screening chance result: 1 in	
blood transfusion in the last 4 months (whole blood or plasma)	□ No □ Yes	Is this a repeat sample? ☐ No ☐ Yes	
bone marrow or organ transplant recipient	□ No □ Yes	Reason for repeat sample	
<ul> <li>vanished twin pregnancy (an empty second pregnancy sac or a second pregnancy sac containing a non-viable fetus)</li> </ul>	□ No □ Yes	Previous T21, T18 or T13? ☐ No ☐ Yes (please print which condition)	
• maternal T21	□ No □ Yes	IMPORTANT BLOOD DRAW INFORMATION	
balanced translocation or mosaicism of T21, T18 or T13	□ No □ Yes	Sample requirements	
<ul> <li>immunotherapy in the current pregnancy, excluding IVIg treatment</li> </ul>	□ No □ Yes	Minimum of 6.5ml of maternal blood in cell stabilising tube.     The tube should be gently inverted 10 times after blood draw.	
• stem cell therapy	□ No □ Yes	Do not refrigerate.	
Further clinical details that require discussion with the NIPT late obtaining sample:	aboratory prior	<ul> <li>Send to NIPT laboratory as soon as possible following sample collection.</li> <li>Inform the NIPT laboratory that a sample is on its way.</li> <li>Laboratory to confirm receipt of sample.</li> </ul>	
Does the following apply to the woman?		Complete A & B: (DD/MM/YYYY)	
• any known chromosomal or genetic condition other than T21, T18 or T13 in pregnant woman	□ No □ Yes	A. Blood collected on: by:	
If Yes, please contact the laboratory to discuss prior to obtain the sample.	ning	B. Write the woman's full name and date of birth on tube barcode label.  Name, barcode and date of birth must match the Request Form. Place label lengthwise on the cfDNA tube as shown in the example.	

