

Non-Invasive Prenatal Test - NIPT
 Non-Invasive Prenatal Test - NIPT Microdeletion

(To be filled in by patient)

Vial ID:

| | | | | | | | |
|-----------|---|---------------------|--|--|--------------------------|----------------|------------|
| Patient | Name | Chayanika Gogoi | | Date of Birth | DD/MM/YYYY 23/10/1988 | ID/Passport No | KXM1753362 |
| | Address | Rupnagar, Dibrugarh | | | | Contact number | 9706382273 |
| | Weight | 51 kg | Blood Type (<i>B+ve</i> Positive) | Inherited Disease <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES | | | |
| Pregnancy | Gestation Period <u>11</u> Weeks | | Pregnancy type | <input type="checkbox"/> Singleton <input checked="" type="checkbox"/> Multiple | | | |
| | Past history of Gestation Abnormality <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | | | | |

(To be filled in by Clinical/Medical Institution)

| | | | | | | |
|-------------------|-----------------------|---|--------------------------------|------------|----------------------------------|-------------------------|
| Pregnancy profile | Doctor | Undergoing IVF <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Number of embryos: Implantation _____ Blighted ovum _____ Fetal reduction _____) | | | | |
| | Down Syndrome test | <input type="checkbox"/> none so far <input type="checkbox"/> NT _____ Notes: T21 _____ T18 _____ T13 _____ | | | | |
| Sample info | Medical Institution | Uttarakhand Diagnostic Center | Contact number | 8453036348 | Blood taken by Himadree Gogoi | Blood quantity 10 mL |
| | Blood collection date | 04/10/23 | Blood pick up date 04/10/23 | | | |
| Collection agent | | | Condition of blood Good | Blood ID | | |

Purpose and method of the test

The FirstVue NIPT (Non Invasive Prenatal Testing) was developed by PathCare Labs. This test is designed to screen for Trisomy 13 (Patau syndrome), Trisomy 18 (Edwards syndrome) and Trisomy 21 (Down syndrome). The test is performed by first collecting a 10 mL blood sample from an expecting mother at least 10 weeks into the pregnancy. Cell-free fetal DNA is then extracted from the blood sample for subsequent DNA sequencing. Through innovative next-generation DNA sequencing technology, and specialized bioinformatics analysis, this test platform has a detection rate of over 99.9% for the above-mentioned genetic anomalies.

this NIPT serve as a reference for your physicians to suggest further treatment.

The accuracy and quality of the test may be adversely affected by improper blood sample collection, storage and transportation. Accuracy and quality of the test may also be adversely affected by samples taken from patients that have received medical treatments including allogeneic blood transfusion, transplant operations, and stem cell therapy within 30 days of sample collection.

This test is not suitable for:

- Patients with dizygotic multiple gestation.
- Patients with diagnostic results that have revealed chromosomal aneuploidy.
- Patients who have previously accepted blood transfusions from other than themselves, or have undergone transplantation surgery, stem cell therapy or egg donation.
- Patients at less than 10 weeks gestation.
- Patients who have tested positive for HIV and/or Hepatitis B/C.

Limitations of the test:

Chromosomal abnormalities such as chromosomal rearrangements, duplications, copy number variations, balanced translocations, imbalanced translocations, uniparental disomy, mosaicism etc., are not within the scope of detection. Therefore, the test does not guarantee that a fetus will be free from a genetic disease. NIPT Microdeletion test is a risk assessment test only and does not guarantee that a fetus will be free from genetic microdeletion.

Informed consent:

If the NIPT test result is high risk, PathCare will reimburse the cost of further confirmatory diagnostic tests including amniocentesis and chromosome fluorescence in situ hybridization (FISH).

Privacy and confidentiality:

Recommended use of this test:

The FirstVue NIPT should be considered after close consultation with your physicians and if possible a genetic counselor.

The test is recommended in cases where:

1. Patients are concerned about the risk of invasive prenatal diagnosis; and/or
2. Patients have unusual ultrasonography findings which suggest chromosome abnormality; and/or
3. Patients are of advanced maternal age and/or have a higher risk of their fetus being diagnosed with Down syndrome.

Test Results:

The test report will indicate a Positive (aneuploidy detected) or Negative (aneuploidy not detected) result for each of the conditions listed above.

In very few cases, the test does not report any results. In these circumstances, PathCare Labs will provide a free re-test. If the re-test produces no results, the patient will be refunded the initial cost of the test.

*e intrauterine fetus are seen in two different gestational sac
separate placenta.*

1:

measures : 48.6mm, Corresponding to 11weeks 5days.

Heart rate : 176bpm

1 on the anterior wall

translucency : 1.8mm

2:

measures : 57.9mm, Corresponding to 12weeks 2days.

Heart rate : 163bpm

1 on the anterior wall

translucency : 1.1mm

length : 42.5mm