

☐ Non-Invasive Prenatal Test - NIPT

☐ Non-Invasive Prenatal Test - NIPT Microdeletion

(To be filled in by patient)

Vial ID:

Patient	Name	Pinkhi Sutradhare		Date of Birth	DD/MM/YYYY 16/08/22	ID/Passport No	
	Address	Dibrugarh				Contact number	9435333390
	Weight	60 kg	Blood Type	B+ve	Inherited Disease	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	
Pregnancy	Gestation Period	12 Weeks		Pregnancy type	<input checked="" type="checkbox"/> Singleton <input type="checkbox"/> Multiple		
	Past history of Gestation Abnormality	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

(To be filled in by Clinical/Medical Institution)

Pregnancy profile	Doctor	Mukesh Fogla		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 _____					
	Medical Institution	Ultracare Diagnostic Centre	Contact number	8453036313	Blood taken by	Himadree Gogoi	Blood quantity
Sample info	Blood collection date	18/10/23		Blood pick up date	18/10/23		
	Collection agent		Condition of blood	Good	Blood ID	R. Sutradhare	

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.

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:

Test report will indicate a Positive (aneuploidy detected) or Negative (aneuploidy not detected) result for each of the conditions

above.

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 treatment 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, inversions, imbalanced translocations, uniparental disomy, mosaicism etc., are not within the scope of detection. The test does not guarantee that a fetus will be free from a genetic disease. NIPT Microdeletion test is a risk assessment test 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 karyotyping and chromosome fluorescence in situ hybridization (FISH).

OBSTETRICAL SONOGRAPHY

Name of Patient : Pinki Sutradhar

Date : 18.10.2023

A live intrauterine fetus is seen in a gestational sac.

CRL measures : 66.0mm, Corresponding to 12weeks 6days.

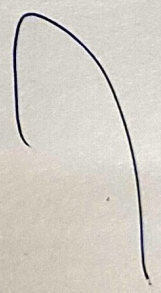
Fetal heart rate : 165bpm

Placenta on the posterior wall

Nuchal translucency : 2.4mm

Cervical length : 43.5mm

Both ovaries appears normal



Signature