

The sections marked in **dark green*** are mandatory to fill in to request the test

PATIENT DETAILS		REFERRING CLINIC DETAILS	
Female patient name*		Referring clinician*	
Female patient CHN ¹ *		Clinician email*	
Female patient DOB*	dd / mm / yyyy	Referring clinic	

¹Clinic history number

TEST INDICATIONS (check all that apply)*:	
<input type="checkbox"/> Advanced maternal age (> 35 years)	<input type="checkbox"/> Positive serum screen
<input type="checkbox"/> Abnormal ultrasound	<input type="checkbox"/> Low risk/ maternal anxiety
<input type="checkbox"/> History suggestive of increased risk for the specified chromosome aneuploidies	<input type="checkbox"/> Other: _____

CLINICAL INFORMATION			
Gestational age*:	___ weeks and ___ days	Date of estimation (if available):	___ / ___ / ___
Method for pregnancy dating*	<input type="checkbox"/> Last menstrual period	<input type="checkbox"/> Date of implantation	<input type="checkbox"/> Crown-rump length
	<input type="checkbox"/> Other: _____		
Type of pregnancy	<input type="checkbox"/> Natural <input type="checkbox"/> IVF	Date of blood draw*	dd / mm / yyyy
	<input type="checkbox"/> Oocyte donation	Oocyte donor DOB	dd / mm / yyyy
Maternal weight (kg)		Maternal height (cm)	

TEST TYPE REQUESTED (please select ONLY one of the three tests)*	
<input type="checkbox"/> Neo5 test	<input type="checkbox"/> Neo24 test
Screening for fetal aneuploidies for 5 chromosomes (13, 18, 21, X, Y). If aneuploidy is detected for twin pregnancies, it is not possible to determine which fetus is affected by the aneuploidy.	Screening for fetal aneuploidies for all chromosomes. If aneuploidy is detected for twin pregnancies, it is not possible to determine which fetus is affected by the aneuploidy.
Type of gestation:	
<input type="checkbox"/> Singleton <input type="checkbox"/> Twin <input type="checkbox"/> Vanishing twin	
Sex chromosomes to be reported?* <input type="checkbox"/> Yes <input type="checkbox"/> No	
*If abnormality affecting the sex chromosomes is detected in a singleton pregnancy, the sex will be reported even if 'No' is selected. For twin pregnancies, only the presence of the Y-chromosome is reported. Sex chromosome abnormalities are not reported for twin pregnancies.	

CLINICIAN AUTHORISATION*	
I certify that the patient details provided in this form are accurate to the best of my knowledge. I have explained the test and its limitations to the patient(s) and answered any related questions to the best of my abilities. I agree to provide any additional information requested by Juno Genetics if necessary.	
Clinician Signature	Date dd / mm / yyyy

For Juno Genetics internal use only	
Date and time of receipt	Received by
Juno procedure No. (for Juno internal use only)	