LifeLabs Genetics™

1-844-363-4357 · Ask.Genetics@LifeLabs.com

panorama™ prenatal screen

CML HealthCare

Owned by LifeLabs LP

Private Pay

Report to Physician Billing #		**LifeLabs Demographic Labels**
Ordering Physician Name		
Ordering Physician Address & Contact Info:	Tel: Fax:	
Physician Signature:		**Panorama Barcode**
Copy to (name & contact info): (Genetic Counsellor - if applicable)	Tel: Fax:	
Patient to Pay:	Bill type "P" (patient to pay at time of service)	
Patient Name (Last, First):		**Date of Birth:** (MMDDYYYY)
Patient Address:		**Telephone #:**

Clinical Questions:

Twin/Multiple gestation/Vanishing Twin? ❑Y ❑N Egg donor? ❑Y ❑N Surrogate? ❑Y ❑N Mother known microdeletion carrier? ❑Y ❑N

Panorama is not recommended for twins, multiple gestations, vanishing twins, egg donor or surrogate. Also, the microdeletion panel will not return results for any microdeletion that the mother carries.

Please select clinical indications for test

- ☐ Advanced maternal age
- ☐ Increased nuchal translucency (NT)
- ☐ Abnormal serum screening
- ☐ Possible hereditary disease affecting fetus
- ☐ Balanced autosomal translocation in normal individual
- ☐ Family history
- ☐ Ultrasound findings (soft marker or congenital abnormality)
- ☐ Prior pregnancy with chromosome abnormality
- ☐ History of infertility or stillbirth/poor reproductive outcome
- ☐ Other:_____

Gestational Age: _____ (weeks) ____ (days) OR Due Date (MM/DD/YY): _____ Maternal Weight: _____ (lbs)

TESTS REQUESTED

Singleton pregnancies ONLY

	LL TR # / CML TC
☐ **Panorama™ Prenatal Test ($550)** (Testing of chromosomes 21, 13, 18, X, Y and triploidy)	**2093**
☐ **Panorama™ Prenatal Test + 22q11.2 deletion syndrome ($745)** (Testing of chromosomes 21, 13, 18, X, Y, triploidy, and 22q11.2 deletion)	**2093 & 3037**
☐ **Panorama™ Prenatal Test + Microdeletion Extended Panel [5] ($795)** (Testing of chromosomes 21, 13, 18, X, Y, triploidy, AND INCLUDES: 22q11.2 deletion, Cri-du-chat, 1p36 deletion, Angelman syndrome, Prader-Willi syndrome)	**2093 & 3071**

☐ ***YES, include the baby's gender on the report (no cost)*** - if this box is not ticked, gender will not be reported

Optional: Will a father cheek swab sample be submitted? ☐ Yes ☐ No Name of father: _____ DOB:_____ (MMDDYYYY)

Date Blood Collected: (MMDDYYYY) _____ **Time Blood Collected:** (HH:MM) _____ **Collector Name**: _____

Note: If father does not provide cheek swab sample, discard unused swab

**** LIFELABS/CML STAFF: PHOTOCOPY REQUISITION AND INCLUDE 1 COPY WITH SAMPLES IN BOX ****

(Testing performed at Natera Inc., 410 – 201 Industrial Road, San Carlos CA, 94070) – use Natera's provided FedEx account for shipping

PATIENT CONSENT

I have read and signed the Patient Consent Form, which remains with the ordering physician. I understand that 2 blood samples [and a cheek swab from the father, if present and willing] will be taken by LifeLabs staff. I acknowledge that my sample(s) and personal health information will be sent to Natera for the purpose of non-invasive prenatal testing at their lab in the United States (address above). I also understand that LifeLabs will contact me for a new blood sample if a test result cannot be provided from the original blood samples. I acknowledge that LifeLabs will receive the results from Natera and will send the results to my ordering physician. I acknowledge that I am responsible for the full cost of testing. ,

Patient Sign Here: _____ **Date:** _____

Father Sign Here: _____ **Date:** _____

(ONLY if cheek swab sample provided)