LifeLabs Genetics™
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R. F. Carter, PhD, FCCMG
Lab Director

PATIENT INFORMATION

Patient Name:	Doe, Jane
Date of Birth:	1974-11-30
Maternal Age at EDD:	41
Gestational Age:	17 Weeks / 0 Days
Maternal Weight:	184 lbs
Health Card #:	-
Order ID:	BIR1232
Accessioning ID:	ABC1234567
Collection Kit:	-
Collection Centre:	CML

PROVIDER INFORMATION

Ordering Physician:	Dr. M. Goodbirth
Genetic Counsellor:	-
Additional Reports:	-
	-
Test Requested:	Panorama Prenatal Test
Report Date:	2016-04-18
Samples Collected:	2016-04-14
Samples Received:	2016-04-15
	Maternal Blood

ABOUT THIS SCREEN

Panorama® is a screening test, not diagnostic. It evaluates genetic information in the maternal blood, which is a mixture of maternal and placental DNA, to determine the chance for specific chromosome abnormalities. The test does NOT tell with certainty if a fetus is affected, and only tests for the conditions ordered by the healthcare provider. A low risk result does not guarantee an unaffected fetus.

REPORT SUMMARY

Result	*Fetal Sex*	*Fetal Fraction*
HIGH RISK for Trisomy 21	**FEMALE**	**6.0%**

This is a screening test only. Genetic counselling and diagnostic testing should be offered to further evaluate these findings.

The Panorama risk score reflects analysis of DNA from the placenta. The placental DNA many not accurately reflect the status of the fetus; therefore, no irreversible decisions should be made based upon the results of this screening test alone.

RESULT DETAILS

Condition Tested[1]	*Result*	*Risk Before Test*[2]	*Panorama Risk Score*[3]
Trisomy 21	High Risk	1/100	>99/100
Trisomy 18	Low Risk	4/1,000	<1/10,000
Trisomy 13	Low Risk	1/1,000	<1/10,000
Monosomy X	Low Risk	1/1,000	<1/10,000
Triploidy/Vanishing twin	Low Risk		

Positive Predictive Values[4]

T21: 91%
T18: 93%
T13: 38%
MX: 50%

Positive Predictive Value (PPV) is the likelihood that diagnostic testing will confirm a High Risk result. PPV provided is NOT personalized for this patient, but calculated from a published study of 17, 885 women. PPV for an individual specimen will vary based on prior risk.

1. Excludes cases with evidence of fetal and/or placental mosaicism. 2. Based on maternal age, gestational age, and/or general population, as applicable. References available upon request. 3. Based on a priori risk and results of analysis of circulating placental DNA. 4. Dar P, et al. Am J Obstet Gynecol 2014;211:527.e1-17. Clinical experience and follow-up with large scale single-nucleotide polymorphism—based noninvasive prenatal aneuploidy testing.

TESTING METHODOLOGY: DNA isolated from the maternal blood, which contains placental DNA, is amplified at specific loci using a targeted PCR assay, and sequenced using a high-throughput sequencer. Sequencing data is analyzed using Natera's proprietary algorithm to determine the fetal copy number for chromosomes 13, 18, 21, X, and Y, thereby identifying whole chromosome abnormalities at these locations, and if ordered, the microdeletion panel will identify microdeletions at the specified loci only. If a sample fails to meet the quality threshold, no result will be reported for the specified chromosome(s). The test requires sufficient fetal fraction of at least 2.8% to produce a result. Fetal fraction refers to the percentage of fetal (placental) DNA in the maternal plasma compared to the amount of maternal DNA.

DISCLAIMERS: This test has been validated on women with a singleton pregnancy and of at least nine weeks gestation. This test cannot be performed on patients who are carrying multiple babies (twins, triplets, etc.). A result will not be available where the maternal blood cells and oocytes are not of the same genetic lineage, as in the case of an egg donor, surrogate, or bone marrow transplant recipient. This test is not intended to identify pregnancies at risk for open neural tube defects. Findings of unknown significance and possible non-paternity will not be reported. As this assay is a screening test and not diagnostic, false positive and false negatives can occur. High risk test results need diagnostic confirmation by alternative testing methods, such as chorionic villus sampling (CVS) or amniocentesis. Low risk results do not fully exclude the diagnosis of any of the syndromes nor do they exclude the possibility of other chromosomal abnormalities or birth defects, which are not part of this test. Potential sources of inaccurate results include, but are not limited to, mosaicism, low fetal fraction, limitations of current diagnostic techniques, or misidentification of samples. This test has the potential to uncover blood relationships between the couple or family members. Test results should always be interpreted by a clinician in the context of the clinical and familial data with the availability of genetic counselling when appropriate. The Panorama prenatal test was developed by Natera, Inc., 201 Industrial Road Suite 410, San Carlos, CA 94070., a laboratory certified under the Clinical Laboratory Improvement Amendments (CLIA). This test has not been cleared or approved by the U.S. Food and Drug administration (FDA).

APPROVED BY **R.F. Carter, PhD, FCCMG (Laboratory Director)**

IF THE ORDERING PROVIDER HAS QUESTIONS OR WISHES TO DISCUSS THE RESULTS, PLEASE CONTACT US AT 1-844-363-4357. Ask for the NIPT genetic counsellor on call. For more information, please visit www.lifelabsgenetics.com. LifeLabs Genetics is licensed by the Ontario Ministry of Health and Long-Term Care to operate as a clinical genetic laboratory: MOHLTC license 5806.