Private Pay

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

Appointment booking can be done at www.lifelabs.com

Ordering Physician Billing #:	Physician OHIP# (Ontario) Physician MSC# (British Columbia) Other Provinces: 999
Ordering Physician:	Name
Ordering Physician Address & Contact Information:	Tel: Fax:
Physician Signature:	**Statement of Informed Consent:** I confirm that this patient has been informed about the details associated with the genetic test(s) ordered below including its risks, benefits and limitations, and has given consent to testing as may be required by applicable law.
Copy to: ❑ Genetic Counsellor ❑ Other Healthcare Provider	Name Tel: Fax:
Bill to:	**Bill type "P"** (patient to pay at time of service)

LifeLabs
Demographic Label

Demographic Label

Patient Last Name:	**Patient First Name:**	**Date of Birth:** M M D D Y Y Y Y

Unit #:	**Street:**	**City:**	**Province:**	**Postal Code:**	**Patient Telephone #:** ( ) -

CLINICAL QUESTIONS

Twin/Multiple gestation/Vanishing Twin? ❑Y ❑N **Egg donor?** ❑Y ❑N **Surrogate?** ❑Y ❑N

*Panorama is **not** recommended for twins, multiple gestations, vanishing twins, egg donor or surrogate*

Due Date: M M D D Y Y Y Y *Patient **must** be at least 9 weeks gestation at the time of blood*

Maternal Weight: _____ lbs.

Please select clinical indications for test:

- ☐ Advanced maternal age
- ☐ Increased nuchal translucency (NT)
- ☐ Abnormal serum screen
- ☐ Balanced autosomal translocation in normal individual
- ☐ Family History
- ☐ Ultrasound findings - soft marker
- ☐ Ultrasound findings - congenital abnormality
- ☐ Pregnancy history of aneuploidy/previous child with aneuploidy
- ☐ History of infertility or stillbirth/poor reproductive outcome
- ☐ Personal choice:_____

TESTS REQUESTED

Singleton pregnancies ONLY please select only one of the following options:	**LL TR**	**Mnemonic**
☐ **Panorama® Prenatal Test ($550)** Testing of chromosomes 21, 13, 18, X, Y and triploidy	**5517**	**NIP**
☐ **Panorama® Prenatal Test + 22q11.2 deletion ($745)** Testing of chromosomes 21, 13, 18, X, Y, triploidy, and 22q11.2 deletion	**5517 & 3037**	**22Q**
☐ **Panorama® Prenatal Test + Microdeletion Extended Panel [5] ($795)** Testing of chromosomes 21,13,18,X,Y, triploidy, 22q deletion, Cri-du-chat,1p36 deletion, Angelman, Prader-Willi	**5517 & 3071**	**MD5**
☐ ***YES, include the sex of the baby on the report (no cost)*** – if the box is not ticked, the sex of the baby will not be reported		

Date Blood Collected:	**Time Blood Collected:**	**Collector Name:**
M M D D Y Y Y Y	H H M M	

**** LIFELABS/BCBio STAFF: PHOTOCOPY REQUISITION, INCLUDE 1 COPY WITH SAMPLES ****

Panorama Prenatal Test performed by LifeLabs Genetics (175 Galaxy Blvd., Suite 105, Toronto ON, M9W 0C9, Canada)

PATIENT CONSENT - MANDATORY:

I have read and signed the Patient Consent Form, which remains with the ordering physician. I understand that 2 blood samples will be taken by LifeLabs staff. I acknowledge that my sample(s) and personal health information will be sent to LifeLabs and/or Natera for the purpose of non-invasive prenatal testing at LifeLabs Genetics. 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 send the results to my ordering physician and, if testing is performed at Natera, LifeLabs will receive results from Natera and send the results to my ordering physician. Should we be asked to disclose information about you for another reason, other than as required or permitted by law, we will contact you to obtain your consent. In the event of a high risk or no result, I acknowledge that LifeLabs may contact my healthcare provider to obtain follow-up diagnostic information to ensure quality and accuracy in reporting.

Patient Sign Here: _____ **Date:** M M D D Y Y Y Y