

Physician Billing #:	Physician OHIP# (Ontario) Physician MSC# (British Columbia) Other Provinces: 999	LifeLabs Demographic Label
Ordering Physician:	Name	
Ordering Physician Address & Contact Info:	Tel: _____ Fax: _____	Panorama Barcode Label
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: <input type="checkbox"/> Genetic Counsellor <input type="checkbox"/> Other Healthcare Provider	Name _____ Tel: _____ Fax: _____	Physician's Office Demographic Label
Bill to:	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
*Panorama is **not** recommended for twins, multiple gestations, vanishing twins, egg donor or surrogate*

Due date(MMDDYYYY): _____ **Maternal Weight:** _____ lbs
*Patient **must** be at least 9 weeks gestation at the time of blood collection*

Please select clinical indications for test:

<input type="checkbox"/> Advanced maternal age	<input type="checkbox"/> Family history
<input type="checkbox"/> Increased nuchal translucency (NT)	<input type="checkbox"/> Ultrasound findings (soft marker or congenital abnormality)
<input type="checkbox"/> Abnormal serum screen	<input type="checkbox"/> Prior pregnancy with chromosome abnormality
<input type="checkbox"/> Balanced autosomal translocation in normal individual	<input type="checkbox"/> History of infertility or stillbirth/poor reproductive outcome
	<input type="checkbox"/> Personal choice: _____

TESTS REQUESTED

Singleton pregnancies ONLY please select only one of the following options:

	<u>LL TR</u>	<u>Mnemonic</u>
<input type="checkbox"/> Panorama® Prenatal Test (\$550) Testing of chromosomes 21, 13, 18, X, Y and triploidy	2093	NIP
<input type="checkbox"/> Panorama® Prenatal Test + 22q11.2 deletion (\$745) Testing of chromosomes 21, 13, 18, X, Y, triploidy, and 22q11.2 deletion	2093 & 3037	22Q
<input type="checkbox"/> 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	2093 & 3071	MD5
<input type="checkbox"/> YES, include the baby's gender on the report (no cost) – if box is not ticked, gender will not be reported		

Date Blood Collected: (MMDDYYYY) _____	Time Blood Collected: (HH:MM) _____	Collector Name: _____
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**** LIFELABS/CML/BCBio STAFF: PHOTOCOPY REQUISITION, INCLUDE 1 COPY WITH SAMPLES IN BOX ****
 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 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 their addresses listed 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 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. 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:** _____