

Ordering Physician Billing #:		Physician OHIP# (Ontario) or MSC# (British Columbia) : Other Provinces: 999				LifeLabs Demographic Label
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.				Demographic Label
Copy to: <input type="checkbox"/> Genetic Counsellor <input type="checkbox"/> Other Healthcare Provider		Name Tel: _____ Fax: _____				
Bill to:		Bill type "P" (patient to pay at time of service)				
Patient Last Name:			Patient First Name:		Date of Birth:	
					M M D D Y Y Y Y	
Unit #:	Street:	City:	Prov:	Postal Code:	Patient Telephone #:	
					() -	
CLINICAL QUESTIONS <i>all fields are required; incomplete requisitions may result in testing delays</i>	Multiple gestation? <input type="checkbox"/> Y <input type="checkbox"/> N		Egg donor? <input type="checkbox"/> Y <input type="checkbox"/> N		Surrogate? <input type="checkbox"/> Y <input type="checkbox"/> N	
	↳ If Y: Ongoing Twins? <input type="checkbox"/> OR >2? <input type="checkbox"/> Optional: <input type="checkbox"/> Monochorionic <input type="checkbox"/> Dichorionic <input type="checkbox"/> Unknown		↳ If Y: donor's age at egg retrieval: _____		Vanishing twin? <input type="checkbox"/> Y <input type="checkbox"/> N	
	Panorama does not accept twins conceived using a surrogate or egg donor, high order multiple gestations (>2), or vanishing twins					
	Due Date:		Patient must be at least 9 weeks gestation at the time of blood draw			
		M M D D Y Y Y Y				
Maternal Weight:		lbs.				
Please select clinical indications for test:						
<input type="checkbox"/> Advanced maternal age		<input type="checkbox"/> Ultrasound findings - soft marker		<input type="checkbox"/> Ultrasound findings - congenital abnormality		
<input type="checkbox"/> Increased nuchal translucency (NT)		<input type="checkbox"/> Pregnancy history of aneuploidy/previous child with aneuploidy		<input type="checkbox"/> History of infertility or stillbirth/poor reproductive outcome		
<input type="checkbox"/> Abnormal serum screen		<input type="checkbox"/> Personal choice: _____				
<input type="checkbox"/> Balanced autosomal translocation in normal individual						
<input type="checkbox"/> Family History						

TESTS REQUESTED - Please select only one of the following options:		
<input type="checkbox"/>	Panorama® Prenatal Test (\$550) Testing of chromosomes 21, 13, 18, X, Y and triploidy (<i>Monosomy X + triploidy not screened in dizygotic pregnancies or pregnancies conceived with an egg donor or surrogate</i>)	LL TR 5517
<input type="checkbox"/>	Panorama® Prenatal Test + 22q11.2 deletion (\$745) Testing of chromosomes 21, 13, 18, X, Y, triploidy, and 22q11.2 deletion. <i>Not available for dizygotic twins, egg donors or surrogates</i>	5517 & 3037
<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. <i>Not available for twins, egg donors or surrogates.</i>	5517 & 3071
<input type="checkbox"/>	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	Mnemonic NIP 22Q MD5
Date Blood Collected:		Collector Name:
M M D D Y Y Y Y		
Time Blood Collected:		
H H M M		

**** LIFELABS: PHOTOCOPY REQUISITION, INCLUDE 1 COPY WITH SAMPLES ****
 Singleton pregnancies: Panorama Prenatal Test performed by LifeLabs Genetics (175 Galaxy Blvd., Suite 105, Toronto ON, M9W 0C9, Canada)
 Twins, egg donors, surrogate pregnancies: Panorama Prenatal Test performed by Natera Inc. (410 – 201 Industrial Road, San Carlos CA, 94070, USA)

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