REQUISITION FORM PRENATALSAFE FULL RISK

PHYSICIAN/LABORAOTRY

Name / stamp

eurofins | Genoma

PrenatalSafe® FULL RISK

DO NOT COMPLETE - ONLY INTERNAL USE

Prot. No.:_____ Cod. FEMALE partner:_____ Cod. MALE partner: _____

FEMALE PARTNER DETAILS

Name_____Surname _____

Date of Birth_____Place of Birth_____

VAT n°_____

Address _____

City_____

Telephone_____Sample collection data_____

MALE PARTNER DETAILS

Name_____ Surname _____

Date of Birth_____Place of Birth_____

VAT n°_____

Address _____

City_____

Telephone_____Sample collection data_____

PREGNANCY HISTORY

Patient current weight Kg _____ Patient height_____

Gestational age at draw _____ + days _____

Gestational age calculated by:

☐ Ultrasound; ☐ last menstrual period; ☐ IVF treatment

Twin pregnancy? ☐ Yes; ☐ NO Monochorial ☐ Bichorial ☐

IVF Pregnancy? ☐ Yes; ☐ NO

☐ Homologous pregnancy; ☐ Heterologous Pregnancy

☐ Embryo donation; ☐ Eggs donation; ☐ Sperm donation

INDICATION FOR TESTING

☐ Advanced maternal age; ☐ Advanced paternal age;

☐ Parental anxiety (low-risk)

☐ Abnormal ultrasound (describe): _____

☐ Previous pregnancy with aneuploidy;

☐ Abnormal maternal serum screening test;

☐ Partner carrier of a genetic disorder: ☐ Male ☐ Female

☐ Specify disorder: _____

☐ Specify gene and mutation: _____

☐ Other indication _____

☐ None

ADDITIONAL REQUESTS

Do you wish to know the fetal gender? ☐ Yes; ☐ NO

Is it a redraw? ☐ Yes; ☐ NO

☐ FAST Reporting option RhSafe®? ☐ Yes; ☐ NO (Only for pregnant women RhD Negative with partner RhD Positive)

BILLING	REPORTING PREFERENCES	REPORTING PREFERENCES MALE PARTNER
☐ Sending facility ☐ Patient	☐ **PHYSICIAN / LABORATORY**	☐ **PHYSICIAN / LABORATORY**
Patient payment	**Name / Stamp**	**Name / Stamp**
Credit card Amount €: _____	☐ E-mail; ☐ On-Line	☐ E-mail; ☐ On-Line
Card Number _____	☐ PATIENT	☐ PATIENT
Cardholder Name _____	☐ E-mail; address_____	☐ E-mail; address_____
Exp. Date _____	☐ On-Line; _____	☐ On-Line; _____
CVC#: _____	In order to activate the on-line reporting option, you need to provide us an username and a password: Username:_____ Password:_____ Signature: _____	In order to activate the on-line reporting option, you need to provide us an username and a password: Username:_____ Password:_____ Signature: _____