

**Cenata GmbH**

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stamp

## Request to change the Harmony® Test variant

Patient name: \_\_\_\_\_

Order Nr.: \_\_\_\_\_

Patient date of birth: \_\_\_\_\_

### Test variant

- Trisomy 21
- Trisomy 21, 18, 13
- Trisomy 21, 18, 13 incl. X/Y analysis

### Additional options

- DiGeorge syndrome (microdeletion 22q11.2)
- Fetal sex determination

The patient is informed about the change of the Harmony® Test variant and the additional costs and confirms the payment.

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature (patient or requesting physician)

Please send the completely filled form to:

**Fax: +49 7071 565 44 444** or

**Email: info@cenata.de**

Kind regards,  
Cenata GmbH