

\_\_\_\_\_  
Patient's name (name, first name)

\_\_\_\_\_  
Patient's adress (street, number)

\_\_\_\_\_  
Patient's adress (postal code, city, country)

\_\_\_\_\_  
Patient's date of birth

# Rhesus NIPT

Determination of the fetal Rhesus factor from maternal blood

## Information about pregnancy at the time of blood collection

Date of blood collection:       Time:   :

Gestational age (weeks + days):   +  <sup>1</sup>

<sup>1</sup>Testing is possible from 11+0 WOG. If the Rhesus NIPT is not performed in combination with the Harmony® Test, we recommend testing from 19+0 WOG.

Did you perform a NIPT during this pregnancy?  yes  no

If yes, please insert the fetal fraction:   ,  %

If the Harmony® Test was performed, please note the reference number of the test (if available):

singleton pregnancy  twin pregnancy

*In case of a vanishing twin the Rhesus NIPT cannot be performed.*

Please place the included barcode here



## Declaration of the requesting physician according to the German Genetic Diagnostics Act

I hereby confirm that the patient has been consulted in accordance with §10 of the German Genetic Diagnostics Act (GenDG). The patient was informed about the purposes and limitations of the Rhesus NIPT. I request this prenatal genetic analysis.

Requesting physician

Stamp

Name of the doctor in plain text

\_\_\_\_\_

Place, date

Signature of the requesting physician

X

## Desired type of Test

Rhesus NIPT 129 €

*Please choose your preferred method of payment below.*

## Written consent for the performance of the Rhesus NIPT according to the German Genetic Diagnostics Act

With my signature on this form I sign my consent to the analysis of the cell-free fetal DNA from my blood to test the Rh factor of my unborn child. I renounce the access to a declaration of acceptance. I confirm to have received detailed genetic counseling through my physician according to the German Genetic Diagnostic Act (GenDG) and was informed about the purposes and limitations of the test. During my counseling I had the opportunity to ask questions and discuss the test with my physician or someone my doctor has designated. I am aware that occasional false positive and in rare cases (1 of 2000 analyses) false negative test results may occur. I have been informed that I may revoke my consent at any time in written form to my doctor. In the event of revocation I am obligated to pay for the services rendered so far. I was informed that I have the right not to be informed about the result. I hereby agree to the processing, use, storage and transmission (e.g. by fax) of my personal data. The test results will be given to me exclusively by the responsible doctor.

I agree that anonymized sample material may be used for in-house quality assurance.  yes  no

Place, date

X

Patient's signature

## Preferred method of payment

SEPA direct debit permission

I/we hereby authorize Cenata GmbH to collect the amount to be paid by me/us according to the test option selected above. Furthermore I instruct my bank irrevocably to honor direct debits (Cenata GmbH Creditor ID: DE75ZZZ00001576615). I am aware that I have the right to demand a chargeback within 8 weeks, according to pre-agreed terms and conditions of the bank. An invoice/payment receipt will be sent to me automatically after receipt of payment.

Credit card

Mastercard

VISA

American Express

Card number:

Exp. date:

/

Check digit (3 to 4 digits)

Name of card holder

Name (account holder) \_\_\_\_\_

IBAN

BIC

Name of bank \_\_\_\_\_

Charges will be deducted earliest 4 days after the submission date. The mandatory reference number is the number of the barcode (top right corner).

Alternate invoice address

\_\_\_\_\_

X

Signature of account/card holder

Patient phone number or e-mail address:

\_\_\_\_\_

The Rhesus NIPT is used to determine the fetal rhesus factor from the mother's blood. Thereby, the Rh prophylaxis in the 28th to 30th week of pregnancy can be omitted in about 40 percent of pregnancies.

Clinical studies prove a high rate of correct identification of the fetal Rh factor. False positive and false negative test results may occur.

In the latter case, an Rh prophylaxis during pregnancy would not be performed even though the child is RhD positive. This would result in a small risk of 1 or 2 percent that antibodies against the Rh factor would develop. In the subsequent pregnancy, Rh incompatibility would be possible. In any case, after birth the Rh factor will be determined in the cord blood.



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