



West Midlands Regional Genetics Laboratory

NIPT REQUEST FORM

Patient details:

| | | | |
|-------------------------|--|-----------------|--|
| Surname | | | |
| First name(s) | | | |
| DOB | | Ethnicity | |
| NHS number | | Hospital number | |
| Address (incl postcode) | | | |

Pregnancy information:

| | | | |
|---|--|--|--|
| Referral reason: | Higher chance screening result <input type="checkbox"/> Previous trisomy (R445) T21 <input type="checkbox"/> T18 <input type="checkbox"/> T13 <input type="checkbox"/> Ultrasound scan findings <input type="checkbox"/> Other (please state) _____ | | |
| Gestational age (by ultrasound) in days and weeks at time of NIPT | | EDD (by ultrasound) | |
| Maternal weight in kgs at time of NIPT | | Type of screening | Combined <input type="checkbox"/> Quad <input type="checkbox"/> |
| Singleton or twin pregnancy | Singleton <input type="checkbox"/> Twin <input type="checkbox"/> | T21 screening chance result | 1 in _____ |
| Chorionicity (if twin pregnancy) | Monochorionic <input type="checkbox"/> Dichorionic <input type="checkbox"/> Unknown <input type="checkbox"/> | Joint T18 and T13 screening chance result | 1 in _____ |
| IVF Pregnancy | Yes/No | DOB/age of donor at time of egg collection | |
| Egg used in IVF | Woman/Donor | | |

Clinician details:

| | | | |
|--|--|--|--|
| Referring clinician | | | |
| Contact details (NHS email/telephone number) | | | |
| Referring centre (incl. 5 digit ODS code) | | | |

Sample details:

| | | | |
|-------------------|--------|-------------------|--|
| Date sample taken | | Taken by | |
| Repeat sample | Yes/No | Reason for repeat | |

Screening requested (please tick ONE):

| | | | | | |
|------------------|--------------------------|----------|--------------------------|------------------|--------------------------|
| T21, T18 and T13 | <input type="checkbox"/> | T21 only | <input type="checkbox"/> | T18 and T13 only | <input type="checkbox"/> |
|------------------|--------------------------|----------|--------------------------|------------------|--------------------------|

Confirmation of eligibility: (please confirm the following have been considered and excluded)

- Maternal cancer (unless in remission)
- Maternal T21
- Blood transfusion in the last 4 months (whole blood or plasma)
- Balanced translocation or mosaicism of T21, T18 or T13
- Sample taken after 21⁺⁶ gestation
- Bone marrow or organ transplant recipient
- Immunotherapy in current pregnancy (excluding IVIg)
- Stem cell therapy
- Vanished twin pregnancy
- **All eligibility criteria considered and excluded** Yes No

Further clinical details that require discussion with NIPT laboratory:

- Is there any known chromosomal or genetic condition other than T21, T18 or T13 in the pregnant woman? **If yes, please contact the laboratory to discuss prior to obtaining the sample.**

Family origin maternity services data set codes:

White

- A. British
- B. Irish
- C. Any other White background

Mixed

- D. White and Black Caribbean
- E. White and Black African
- F. White and Asian
- G. Any other mixed background

Asian or Asian British

- H. Indian
- J. Pakistani
- K. Bangladeshi
- L. Any other Asian background

Black or Black British

- M. Caribbean
- N. African
- P. Any other Black background

Other Ethnic Groups

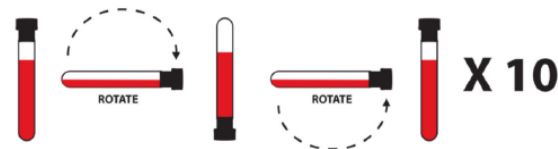
- R. Chinese
- S. Any other ethnic group
- Z. Not stated
- 99. Not known

Laboratory opening hours:

Monday – Friday 09:00 – 17:00
Saturday 09:00 – 14:00

Sample requirements (the sample tube and referral card must have three matching identifiers to be accepted)

- 10ml of maternal blood in **Streck tube**, labelled with patient identifiers
- Samples should be inverted 8-10 times after draw (as shown in diagram below)
- Do not refrigerate samples
- If the sample is not transported to the laboratory immediately, store at room temperature and then send as soon as practically possible. NIPT samples should be received by the laboratory in ≤ 2 working days of sample draw



Our contact details:

**West Midlands Regional Genetics Laboratory,
Birmingham Women's NHS Foundation Trust,
Edgbaston, B15 2TG**

Telephone +44 (0)121 335 8036 ext: 5743

Please let the NIPT team know that a sample is on its way: by email to **bwc.NIPTscreening@nhs.net**

Internal use only

| | | | |
|------------------------------|--|------------------|--|
| Date and time of receipt | | Sample barcode | |
| Sample condition and volume | | Booked in by | |
| Discrepancy check | | Data entry check | |
| Confirmation of receipt sent | | Tube label check | |