



Request form for non-invasive aneuploidy testing for early pregnancy loss - SABSCAN

| Name and sumanne: Birth (deriffication number/ID number: Date of birth: Insurance: Gender: Gender: | Personal data of the patient (label): | Referring physician: | |
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| Date of birth: Insurance: Gender: Address: Diagnosis (ICD): Primary sample: | Name and surname: | | |
| Insurance: Gender: Address: Diagnosis (ICD): Insurance Insur | Birth identification number/ID number: | | |
| Gender: Address: Diagnosis (ICD): Iname, specialisation, identification number, workplace, stamp, signature) Primary sample: Primary sample: Primary ample: Definition of Sitrick Cell-Free DNA BCT CE, 10 ml non-coagulated blood)* **Met bedo deletion, it is necessary to ment the table 10 times and some it at noom temperature. The blood must be delivered to the letter of the blood relative within 2-3 days of collection? Date and time of collection: Date and time of indication (if different from the collection date): Clinical data: (to be completed by the referring physician) Number of foetuses: 1 | Date of birth: | | |
| Address: Diagnosis (ICD): Primary sample: Peripheral blood (Streck Cell-Free DNA BCT CE, 10 ml non-coagulated blood)* After blood collection, it is necessary to invert the table 10 times and store if at room temperature. The blood must be delivered to the sitionatory within 2-3 days of collection? Date and time of collection: Date and time of indication (if different from the collection date): Clinical data: (to be completed by the referring physician) Number of foetuses: 1 | Insurance: | | |
| Primary sample: Peripheral blood (Streck Cell-Free DNA BCT CE, 10 ml non-coagulated blood)* **After bood collection, it is reconsistery to lever the table 10 times and store if at room temperature. The blood runs to delivered to the laboratory within 2.5 days of collection! Date and time of collection: Date and time of collection: Date and time of indication (if different from the collection date): Clinical data: (to be completed by the referring physician) Number of foetuses: | Gender: Female | | |
| Primary sample: Peripheral blood (Streck Cell-Free DNA BCT CE, 10 ml non-coagulated blood)* After blood collector, it's necessity of meet the labe 10 lims and store it at room temperature. The blood must be deliberately within 2-3 diays of collection! Date and time of collection: Date and time of indication (if different from the collection date): Clinical data: (to be completed by the referring physician) Number of foetuses: 1 | Address: | | |
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| Number of foetuses: | | | |
| Pregnancy after IVF: | Clinical data: (to be completed by the referring physician) | | |
| Weight (kg): Date of last menstruation: Gestational age at the time of collection according to Us: Weeks: + Days: Is the patient taking anticoagulants (heparin-based)? YES NO Number of hours since the last medication dose:* ") If the patient is taking anticoagulants (heparin-based)? YES NO Number of hours since the last medication dose:* ") If the patient is taking anticoagulants (hegarin-based)? Results will be sent to the following doctor's email: Informed consent* - The patient has been provided with the consent form and instructions regarding SABSCAN and the patient agrees: With the examination of the sample With the use of the sample for research purposes Information on Reporting the Gender of the Product of Conception. We don't report the fetal gender. However, we analyze sex chromosomes, and if abnormalities are found, these will be reported, allowing the fetal gender to be inferred from these findings. ") By submitting the request, the referring physician confirms that the patient or legal representative has signed the informed consent with the examination, which is either stored in the patient's documentation or attached to this request. | Number of foetuses: 1 2 | | |
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| documentation or attached to this request. | | | |
| The examination is conducted by: GENNET, s. r. o., Laboratories GENNET, Pekařská 635/6, 158 00 Prague 5 – Jinonice, Tel: 226 231 691 | | | |
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| Laboratory notes: Date and time of sample/request reception: Sample/request was received by: | | | |
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