SABSCAN

GNT LABS BY GENNET

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

Personal data of the patient (label):	**Referring physician:**
Name and surname: Birth identification number/ID number: Date of birth: Insurance: Gender: ☑ Female Address: Diagnosis (ICD):	*(name, specialisation, identification number, workplace, stamp, signature)*

Primary sample:

☐ Peripheral blood (Streck Cell-Free DNA BCT CE, 10 ml non-coagulated blood)*

**After blood collection, it is necessary to invert the tube 10 times and store it at room temperature.*
The blood must be delivered to the laboratory 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) **ATTENTION:** The laboratory requires **rfc ɸcjbq ɟl `mjb** to process the sample correctly,

Number of foetuses: ☐ 1 ☐ 2

Pregnancy after IVF: ☐ YES ☐ NO PGT was conducted: ☐ YES ☐ NO Donated oocyte: ☐ ANO ☐ NE Donor's age:

Weight (kg):

Height (cm):

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 (e.g., Fraxiparine, Clexane), there is a higher risk of an uninformative test result and the need for repeated collection.
Blood collection must be done before the administration of the next dose of the medication (i.e., as far away as possible from the last dose).

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.

The examination is conducted by: GENNET, s. r. o., Laboratories GENNET, Pekařská 635/6, 158 00 Prague 5 – Jinonice, Tel: 226 231 691

Laboratory notes:

Date and time of sample/request reception:

Sample/request was received by: