



Requesting physician:

Patient information:

Request Form Prenatal diagnostics

Type of sample:

- Amniotic fluid (10-20 ml) Chorionic villi (20-50 mg) Tissue of abortion (at least 50 mg) Fetale tissue

Number of fetuses: _____ Gestational age: _____

Prenatal tests:

- Microscopic chromosome analysis**
- Microscopic chromosome analysis and FISH (13 / 18 / 21 / X / Y)**
- FISH for specific chromosome / region:**
please specify: _____
- Prenatal exome**
Advance notice by telephone and blood of both parents mandatory

Indication / Diagnosis:

- Maternal age
- Abnormal first trimester screening
- Abnormal ultrasound findings
- Abnormal non-invasive prenatal test (NIPT)
- Chromosomal anomaly in patient or partner (e.g. balanced translocation)
- Previous pregnancy / child with chromosomal anomaly
- Recurrent fetal demise

Clinical information:

Date / Time of sampling:

Signature:

Logistics:

- **Patient Consent Form for Genetic Testing according to the German Law and Request Form**
- **Billing information (Insurance-, Institutional- or Selfpay-Billing)**