VCGS leaders in genetic health | percept nipt

View collection sites

Victorian Clinical Genetics Services
The Royal Children's Hospital
Flemington Road, Parkville VIC 3052
**P** +61 1300 118 247 **F** +61 3 8341 6366
**W** vcgs.org.au
CT-F-129v13 15/12/21

## 1. PATIENT DETAILS

LAST NAME | GIVEN NAME | DATE OF BIRTH | LABORATORY REF

ADDRESS | POST CODE | PHONE (HOME) | **MOBILE**

## 2. TEST REQUESTED

*percept* non-invasive prenatal test

Tests for whole chromosome changes of all 23 chromosome pairs (inclusive of 21, 18, 13, X and Y) and copy number changes ≥ 7 Mb for chromosomes 1-22.

## 3. CLINICAL INFORMATION

☐ SINGLETON ☐ TWIN ☐ TRIPLET

GESTATIONAL AGE: _____ as of date: _____

**Gestation must be at least 10 weeks at collection; 12 weeks for triplets**

EDD: (dd/mm/yyyy): _____

MATERNAL WEIGHT (kg): _____

MATERNAL HEIGHT (cm): _____

## 4. TEST INDICATIONS

☐ *percept* AS PRIMARY SCREENING TEST

☐ COMBINED 1ST TRIMESTER SCREENING RESULT

T21: 1/_____ T18: 1/_____ T13: 1/_____

☐ ULTRASOUND ABNORMALITY: _____

☐ KNOWN TRANSLOCATION CARRIER (prior lab assessment required)

Specify: _____

☐ OTHER: _____

I verify that the patient & prescriber information in this form is complete & accurate to the best of my knowledge.

DOCTOR'S SIGNATURE AND REQUEST DATE

SIGNATURE: DATE:

COPY REPORTS TO:

## 5. REQUESTING DOCTOR (PROVIDER #, INITIALS, ADDRESS, EMAIL)

Email:

## 6. PATIENT CONSENT

By signing this form, I request that VCGS perform the *percept* prenatal test. I have read the patient consent included on the back of this form. The risks & limitations of this test have been adequately explained to me.

PATIENT SIGNATURE AND DATE

SIGNATURE: DATE:

**NOTES:**

This test is validated for pregnancies of at least 10 weeks gestational age.

Fetal sex is always reported. Clinician to disclose to patient on request.

Sex chromosome aneuploidy cannot be detected in twins/triplets.

PHLEBOTOMIST DETAILS:

Time of collection:

Date of collection:

SIGNATURE:

Place of collection:

## 7. PATIENT PAYMENT INFORMATION

PLEASE NOTE: **NIPT IS NOT COVERED BY MEDICARE OR PRIVATE HEALTH INSURANCE**

Please make sure your mobile number is provided in the patient details section above.
**You will receive an SMS with a link for payment** once your sample has been received.

Your results will be sent to your doctor once testing is complete and payment has been made. This is usually within 3-5 days after your sample has been received by VCGS.

VCGS Accounts for enquiries:
**P** 1300 557 779

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Genetic counselling with a VCGS genetic counsellor (03 9936 6402) is available to anybody considering this screening test. VCGS genetic counsellors can also discuss other prenatal screening and testing options with you. More information about this test and the chromosome conditions included in the test is available at vcgs.org.au/perceptNIPT

# Patients having *percept* non-invasive prenatal testing should be aware of the following key points:

## Purpose of the test

This test identifies pregnancies at 'high risk' of:

- The common trisomies 21 (Down syndrome), 18 (Edwards syndrome) and 13 (Patau syndrome);
- Conditions caused by too many or too few of the sex chromosomes (X and Y);
- Rare autosomal trisomies (those involving chromosomes other than 21, 18, 13, X and Y);
- Extra or missing copies of large parts of chromosomes (≥7Mb) that are known to be associated with health concerns.

## Test process

- This test is intended to be performed from the 10$^{th}$ week of pregnancy onwards, as determined by a dating ultrasound.
- A sample of your blood will be collected and sent to VCGS who will issue a report to your healthcare provider. Your healthcare provider is responsible for interpreting and explaining your test results. VCGS genetic counsellors are also available to discuss your results with you.
- The test results will include the sex of the pregnancy. If you do not wish to know the sex you can ask your healthcare provider not to disclose it to you. However, if the results show too many or too few of the sex chromosomes, you may not be able to avoid learning the sex of your pregnancy.
- As this is a screening test, it is recommended that all high risk test results are confirmed by chromosome analysis through CVS or amniocentesis.

## Limitations of the test

- This test screens for extra or missing copies of whole chromosomes in the fetus and is not designed to detect small genetic imbalances, single gene disorders or non-genetic causes of fetal abnormalities. Missing or extra parts of the chromosomes 1-22 (≥7Mb in size) are reported when they are known to be associated with health concerns.
- Low risk test results do not eliminate the possibility that your pregnancy may have other chromosomal abnormalities, birth defects, or other conditions, such as open neural tube defects. A 'low risk' result does not guarantee a healthy pregnancy or baby.
- As this is a screening test, there is a small possibility that the results could be incorrect. It is possible to receive a high risk result even though a chromosomal abnormality is not present in the fetus. This is called a 'false positive' result. It is also possible that the chromosomal abnormality being tested for could be present even if the result is low risk. This is called a 'false negative' result.
- Some high risk test results may be due to chromosomal changes in the mother. Further testing of the mother may be required in some circumstances.
- The ability of this test to accurately report fetal sex chromosome abnormalities (too many or too few sex chromosomes) is not well known. Incorrect test results may occur more frequently for these conditions.
- For technical and biological reasons, the fetal sex is reported with >99% accuracy (not 100%).
- *percept* NIPT may be used to screen a pregnancy where one parent is a known translocation carrier. This testing is only performed by prior arrangement.
- The ability of this test to detect chromosome abnormalities in a triplet pregnancy is not well known. Incorrect test results may occur more frequently.

## Privacy, confidentiality and use of information

- Your test results will be kept confidential. Results will only be released to your healthcare provider, other healthcare providers involved in your medical care, or to another healthcare provider as directed by you, or otherwise as required or authorised by applicable law.
- Collecting information on your pregnancy after testing is part of our laboratory's standard practice for quality purposes and test evaluation. VCGS may contact your healthcare provider to obtain this information.
- To advance scientific knowledge, de-identified genetic and health information may be included in scientific presentations, publications and education resources for health care providers.

## Retention and use of samples

- In line with best practices and clinical laboratory standards, leftover de-identified specimens (unless prohibited by law), de-identified genetic material, as well as other information learned from your testing, may be used by VCGS for purposes of quality control, laboratory operations, laboratory test development, laboratory improvement, and generation of new scientific knowledge. All such uses will be in compliance with applicable law.

## Financial responsibility statement

- You are responsible for fees incurred with VCGS for services performed.