CHROME
The most preferred non-invasive prenatal test

www.neubergdiagnostics.com

CONSENT FORM

Date:		Test ID:
PATIENT INFORMATION		
Patient's Name:	Date of birth:	Contact Number:
Address:		
Weight:	Blood Type:	Inherited Disease: Yes/No: _____
Details of any Inherited Disease or cancers (please state all medications that patient is currently on):		
Gestation Period: _____Weeks	Pregnancy type: Singleton____ Multiple___ (If multiple, then number of fetus_____)	Past History of Gestational Abnormality: Yes/No: _____

To be filled in by Clinical/Medical Institution

PREGNANCY PROFILE/SAMPLE INFO		
Doctor:	Undergoing IVF: Yes/No_____ Number of embryos: Implantation _____ Blighted Ovum _____ Fetal Reduction _____	
Double Marker/Triple Marker: _____ Notes:		
Medical Institution:	Contact Number:	Blood Taken by: Blood Quantity: _____ml

Note:

This test does not reveal the gender of the fetus.

The blood collection should be done only in Streck tubes.

Patient's Signature: _____DD/MM/YYYY Patient Email: _____

Doctor's Signature: _____ DD/MM/YYYY Doctor's Email: _____

Please attach an Ultrasound report with this consent form.

Recommended use of this test:

The NIPT test is considered after close consultation with your physicians and if possible a genetic counselor.

CHROME is Ideal in the following cases:

1. Pregnant women from 9 weeks gestation.
2. Singleton or Twin Pregnancies.
3. IVF, Donor egg or, Surrogate Pregnancies.

Test Results:

The test report will indicate a Positive (aneuploidy detected) or Negative (aneuploidy not detected) result for each of the conditions listed above.

In very few cases, the test does not report any results. In these circumstances, we will require a repeat sample.

Important Considerations:

This test does not reveal the gender of the fetus.

If one or both of the parents have a balanced Robertsonian Translocation involving chromosome 21, please consult your physician about the applicability if this test.

Although the detection rate of this test is very high, like all other non-invasive prenatal tests (NIPTs) based on the analysis of cell-free fetal DNA, this test is currently classified as a screening test. A diagnostic test such as Amniocentesis or Chorionic Villus Sampling (CVS) is typically recommended for tests that return as Positive results. Therefore, the results of this NIPT serve as a reference for your physicians to suggest further treatment.

The accuracy and quality of the test may be adversely affected by improper blood sample collection, storage and transportation. The accuracy and quality of the test may also be adversely affected by samples taken from patients who have received medical treatment including allogeneic blood transfusion, transplant operations, and stem cell therapy within 120 days of sample collection.

This CHROME test cannot be performed if the mother has:

- Cancer.
- Trisomy.
- Undergone Blood Transfusion in last 4 months.
- Patients at less than 9 weeks gestation.
- Undergone Stem Cell Therapy or Immunotherapy.
- Received an organ Transplant.

Limitations of the test:

Chromosomal abnormalities such as chromosomal rearrangements, small duplications or copy number variations, balanced translocations, inversions, imbalanced translocations, uniparental disomy, mosaicism, etc., are not within the scope of detection. This test does not guarantee that a fetus will be free from a genetic disease.

Informed consent:

If the NIPT test result is high risk, we will ask for further confirmatory test which will require Amniotic Fluid.

Privacy and confidentiality:

We respect the privacy and confidentiality of your personal information. The information collected on this form (including any relevant medical history) is collected only for the sole purpose of conducting this test and will not use it in any manner to the contrary.

If you have any questions or would like further clarification, please call the below numbers: 079-404081, +91 9924587900.