



PATIENT INFORMATION

Name Date of Birth (dd/mm/yyyy) / /

Should the report be sent? ☐ Yes ☐ No E-mail ID

ORDERING PHYSICIAN

Name Hospital/Clinic

E-mail Phone

City, Country Date of Request (dd/mm/yyyy) / /

BILLING INFORMATION

VAT No. Address

Postal Code City Country

TOMORROW PANELS (Select the appropriate option)

☐ Tomorrow Basic	☐ Tomorrow Plus	☐ Tomorrow Genome	Fetal sex is determined by the presence of Y chromosome in singleton pregnancies. In twins, if Chr. Y is detected, it can be established that at least one of the fetuses has male sex, if not it is inferred that both fetuses are female.
Trisomies 21, 18, 13	Trisomies 21, 18, 13	Aneuploidies in all autosomes	
Fetal Sex? ☐ Yes ☐ No	Aneuploidies X, Y Fetal Sex? ☐ Yes ☐ No	Aneuploidies X, Y (Only in singleton pregnancy) CNVs (≥7Mb) for all autosomes Fetal Sex? ☐ Yes ☐ No	
(For singleton or twin pregnancy)	(For singleton pregnancy)	(For singleton or twin pregnancy)	

Blood collection: 7-10mL Streck Tube

CLINICAL INFORMATION

Weight (kg)	Gestational age weeks days	Number of fetuses ☐ 1 ☐ 1 - vanishing twin ☐ 2 - monochorionic twin ☐ 2 - dichorionic twin
Height (cm)	Collection date (dd/mm/yyyy)	
Redraw: ☐ No ☐ Yes	Measured by: ☐ LMP ☐ Ultrasound (CRL) ☐ Date of transfer (IVF)	
IVF pregnancy: ☐ No ☐ Yes	if IVF, eggs: ☐ Self ☐ Non-Self	Age at eggs retrieval: years
No. of embryos transferred:	No. of gestational sacs:	
Clinical indications: ☐ Maternal request ☐ Abnormal ultrasound ☐ Increased risk first trimester screening (1/)	☐ Clinical history ☐ Other:	

PATIENT CONSENT

By signing this form, I confirm that:

- I carefully read, understood and accepted the information on the Informed Consent.
- I have had the opportunity to receive counselling from referring physician about the purpose of performing this test and the risks, benefits and limitations of Tomorrow test as a screening test.
- I had been given the opportunity to ask all my questions and I understood the answers provided. I had enough time to think about the information and my choice to take this test.
- I consent to the test ordered on this form to be carried out on my blood sample and I authorize Unilabs (CGC - Centro de Genética Clínica e Patologia S.A.) to communicate the results of the test to my referring physician, with whom I will discuss the result and appropriate medical procedure.

Patient signature Date (dd/mm/yyyy)

ORDERING PHYSICIAN ATTESTATION

Based on the indications listed above, I hereby prescribe the appropriate Tomorrow test and confirm that, to the best of my knowledge, the patient data and the data concerning the referring physician contained on this form are accurate. I confirm that I have advised the patient concerning the Tomorrow test as required under law, including the information on the informed consent, and that I have received the patient's explicit consent to perform the Tomorrow test requested on this form.

Physician signature Date (dd/mm/yyyy)



TOMORROW TEST: Tomorrow is a non-invasive prenatal screening test that allows for the analysis of free fetal DNA (of placental origin) circulating in the mother's blood, through complete genome sequencing, to determine the risk of specific chromosomal abnormalities in the fetus.

Tomorrow tests for the presence of an extra chromosome - a genetic condition called trisomy - in chromosomes 13, 18 and 21. It also offers additional testing for changes in the number of X and Y chromosomes (sex chromosome aneuploidies), if selected. The Genome panel allows for the evaluation of the presence of duplications and deletions (copy number variants) greater than 7 Mb in size on all autosomal chromosomes (non-sex chromosomes) and the presence of rare chromosomal aneuploidies. Tomorrow can also provide fetal sex information (based on Y chromosome presence), if you opt to know.

SAMPLE COLLECTION: Your healthcare provider will take a blood sample from your arm (7-10ml), following standard phlebotomy practices, and send it to CGC - Centro de Genética Clínica e Patologia S.A./Unilabs laboratories for analysis. Additional sample may be needed if it arrives degraded, contaminated or insufficient quantity or quality of fetal genetic material.

TEST PROCEDURE: All Tomorrow test options are conducted entirely at CGC - Centro de Genética Clínica e Patologia S.A./Unilabs in Portugal. They are performed using Illumina's VeriSeq v2 technology with Next Generation Sequencing (NGS) paired-end whole genome sequencing and determination of fetal fraction.

RESULT & INTERPRETATION: The test result is confidential and will only be communicated to the prescribing physician. Genetic counseling by a physician is recommended to explain the test and communicate the results and potential implications. Irreversible clinical decisions should not be made solely based on Tomorrow test results. Results should always be interpreted in the context of all clinical indications.

Tomorrow is a screening test and is not indicated, nor has it been validated, as a diagnostic test, as it has specific limitations, including false positive and false negative results. Fetuses with a normal euploid number of chromosomes (non-trisomic) can occasionally be classified as "anomaly detected" (false positive result). Such a "anomaly detected" result or the presence of a chromosomal anomaly require further genetic counselling and confirmation of the result through an invasive diagnostic technique (e.g., amniocentesis) and subsequent genetic analysis of the fetal sample before any irreversible clinical decisions are made.

Tomorrow can only analyze specific chromosomal abnormalities; therefore, not all chromosomal anomalies are detected. In rare cases, a fetus with an aneuploidy may

be classified as "no anomaly detected" (false negative result). A normal result does not exclude the possibility of the fetus being affected by chromosomal, genetic, or congenital anomalies nor does it guarantee a healthy fetus. Tomorrow is not validated for the detection of polyploidies such as triploidy or for the detection of balanced chromosomal rearrangements or mosaic chromosomal anomalies. According to the size of CNVs relative to the chromosomes they are detected in, may be interpreted as complete chromosome aneuploidy. Some genomic regions are excluded from the analysis.

ELIGIBILITY CRITERIA:

1. Singleton or twin pregnancies, resulting from natural conception or in vitro fertilization (IVF), are eligible on or after the 10th week of pregnancy.
2. The test is not validated for pregnancies with more than two fetuses. Vanishing twins or pregnancies with embryo reduction carry a higher risk of a false positive or false negative result.
3. Patients with malignancies or history of malignancies, with bone marrow or organ transplant, or with recent transfusion, are not eligible for the test.
4. Twin or vanished twin IVF pregnancies conceived using a donor egg are not eligible for the test.
5. Twin pregnancies and vanished twin pregnancies are not eligible for testing for sex chromosome aneuploidies.

DISCLOSURES: All necessary measures are taken to perform the testing reliably and under strict quality standards. Despite being highly accurate, however, there is a small possibility for false positive and false negative results due to technical and biological reasons. The phenotype frequently associated with false results is mosaicism confined to the fetus or the placenta. The test may be inconclusive for technical reasons (e.g., very low fetal fraction) or biological reasons (e.g., residual cfDNA from an evanescent twin, maternal chromosomal abnormality, maternal cancer).



This privacy notice provides a summary of how Unilabs collects and processes your personal data with this form, which includes personal data on the prescribing healthcare provider and the patient.

1. Important information and who we are

Unilabs is the responsible controller for processing the personal data collected on this form.

If you have any questions about this privacy notice or our data protection practices, please contact our data protection officer (DPO).

CONTACT DETAILS

Full name of legal entity: Miroslava Grestiaková

Email address: dpo@unilabs.com

2. The data we collect about you

We collect, use, store and transfer personal data about you as follows:

- Identity Data.
- Contact Data.
- Sensitive data (medical/clinical data) for patient.

3. How we use personal data

We will use personal data for the purpose for which we collected it. This includes the following:

- To register a new customer.
- To conduct the requested test and to process and deliver results.
- To contact the patient or referring healthcare provider on the test results or for consultation purposes, where applicable.
- To invoice the referring healthcare provider.

4. How we share personal data

We share patient personal data with the referring healthcare provider, so we can communicate the results of this test to them.

Unilabs stores personal information on its database, which is hosted by cloud service providers.

5. International transfers

We do not transfer, store or process personal data outside the European Economic Area unless the patient or the referring healthcare provider are located outside the EEA.

6. Legal rights

You have rights under data protection laws in relation to personal data including:

- the right to request access to the personal data we hold about you.
- the right to request the rectification of any incorrect or incomplete personal data we hold about you.
- the right to request that your personal data be erased.
- the right to request restriction of treatment.
- the right to request data portability.

To exercise the rights, please contact our data protection officer.

