

Prenatal Diagnosis and Reproductive Health Genetic Test Requisition Form

Visit the UniGen Portal
to explore our test catalogue
and access your results.



PATIENT INFORMATION

Name Date of Birth / /
Medical Record No. Sex ☐ Male ☐ Female

ORDERING PHYSICIAN

Name License Number
Institution Department
Phone E-mail
Date of Request / / City Country

BILLING INFORMATION

VAT No. Address
Postal Code City Country

SAMPLE INFORMATION

☐ Amniotic Fluid ☐ Maternal Blood ☐ Chorionic villus sampling (CVS) ☐ Paternal Blood
☐ Fetal DNA (origin:)

CLINICAL INFORMATION

Gestational age at date of collection: ☐ Increased NT mm ☐ Abnormal ultrasound findings
☐ Weeks ☐ Days ☐ Increased risk from 1st T screening; 1: ☐ Family history of
☐ Other

PHYSICIAN'S STATEMENT

I certify that I have obtained the necessary written informed consent from the patient (or legal representative) to carry out the test(s) I am prescribing here.

I confirm that I have obtained consent for the genetic information to be processed and stored. I confirm that the patient has consented to the retention of any leftover samples, or that I stated in the clinical information that the sample should be discarded.

I confirm that the patient has consented for reporting both secondary findings (WES test with active search) and incidental findings (all tests), OR has expressly exercised their right not to be informed of such findings. [SELECT THE APPROPRIATE OPTION]

☐ Yes ☐ No

Physician's Signature*

Date (dd/mm/yyyy)*

*MANDATORY FIELDS



TEST SELECTION

According to best practices, molecular studies in the context of prenatal diagnosis include investigation for maternal contamination.

PRENATAL TESTS

☐ Whole exome sequencing - Trio	☐ WES-Trio reanalysis	☐ Expand index WES to WES-Trio (please provide parental samples)	Index ID*	
	☐ Reanalysis of WES-Trio as Carrier Screen for couple		Partner ID*	
☐ Whole exome sequencing - Duo	☐ Reanalysis of WES-Duo		Index ID*	
☐ Whole exome sequencing	☐ Reanalysis of WES	☐ Expand panel to WES analysis		
☐ Karyotype	☐ Prenatal panel, bone diseases			
☐ Detection of frequent aneuploidies (QF-PCR)	☐ Prenatal panel, Noonan s. & RASopathies			
☐ Prenatal chromosomal microarray analysis (SNP aCGH, Cytoscan 750K)	☐ Maternal cell contamination test			
☐ Prenatal chromosomal microarray analysis (SNP aCGH, Cytoscan HD)	☐ Other			
Prenatal cystic fibrosis (CFTR gene)	☐ 50 frequent mutations	☐ Sequencing		
Prenatal fragile-X syndrome (FMR1 gene)	☐ msTP-PCR (expansion and methylation analysis)	☐ PCR		

Prenatal Familial Variant Test (attach copy of positive genetic test from the affected family member)

Gene(s) and variant(s)		RefSeq.		c.		p.		transcript	
Gene(s) and variant(s)		RefSeq.		c.		p.		transcript	

REPRODUCTIVE MEDICINE

Carrier Screening

Autosomal recessive and X-linked recessive diseases

☐ Couple Plus** (includes FMR1, SMN1/SMN2 and CYP21A2 analysis for the female member)	☐ Y chromosome microdeletions
☐ Solo Plus - female (includes FMR1, SMN1/SMN2 and CYP21A2 analysis)	☐ Other
☐ Solo - female	
☐ Solo - male	
☐ Couple**	

Infertile NGS panel

☐ Male

☐ Female

** Partner ID

NOTICE

1. General description, purpose and risks

The purpose of a genetic test is to examine DNA and look for any specific changes, or variations that could be related to certain diseases or conditions, and the risk of developing certain disorders and conditions.

This test might not provide conclusive results about the genotype. While some genetic variants are known in scientific databases to be pathogenic and others are known to be benign, some of the genetic variants detected may be of uncertain significance.

In addition, current limitations in genetic testing technologies and/or in scientific/medical knowledge may not identify relevant variants that are associated with a disease or syndrome.

However, such results do not rule out the possibility of a genetic disease or predisposition to such a disease. Further tests could be considered in such cases.

For detailed information regarding the test portfolio, test methods, gene content, and any limitations of the tests, please refer to the information provided at www.unilabs.pt.

2. Use of data

In order to carry out the test, Unilabs CGC - Centro de Genética Clínica e Patologia S.A. will collect, process and use personal data relating to health. The policy, followed in accordance with the laws in force, is described at www.unilabs.pt

Unilabs | CGC - Centro de Genética Clínica e Patologia S.A.
Rua Manuel Pinto de Azevedo, 173
4100-321 Porto, Portugal

genetics.customercare@unilabs.com
+351 222 406 406

ACCREDITATION ISO 15189
(http://www.ipac.pt/pesquisa/ficha_15189.asp?id=E0020)
CERTIFICATION ISO 9001
CLIA | ID 99D1066287



www.unilabs.pt