

ExomeNext Prenatal Form

(Please submit with ExomeNext Test Requisition Form)

PATIENT NAME	
DATE OF BIRTH	TODAY'S DATE

PLEASE PROVIDE A BRIEF SYNOPSIS OF THE ULTRASOUND FINDINGS

Please also attach clinical notes

CLINICAL DETAILS

LMP: _____ EDD/EDC: _____ Multiple SABs: Yes No
Egg donor used: Yes No Sperm donor used: Yes No Previous affected child/pregnancy: Yes No

Imaging studies

Ultrasound Fetal echocardiogram MRI

Please describe any abnormalities: _____

Lagging growth/IUGR: Yes No Suspected overgrowth: Yes No

Ultrasound Measurements: BPD: _____ NT: _____ CRL: _____

Prenatal Screening Performed

Maternal Serum Screening: Normal Abnormal (describe): _____

NonInvasive Prenatal Screening: Normal Abnormal (describe): _____

Genetic Testing

Chromosomes/Karyotype:

Chromosome Microarray Analysis (CMA) Results: _____

Karyotype Results: _____

Other: _____

SECONDARY FINDINGS REPORT*

For ongoing pregnancies, in addition to the ACMG Secondary Findings Recommended List, the Childhood Onset Diseases category is included.

Childhood Onset Disease:

Yes; I would like to include Childhood onset secondary findings.

No; I choose to decline Childhood onset secondary findings.

*For a complete report of expanded secondary findings options and pricing please complete the "ExomeNext Expanded Secondary Findings Request Form" and submit with the sample.