

# 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.