Pränatalzentrum
A.D. WIEN

From 11 weeks pregnant

NIPT

Non-invasive prenatal test

- ◯ *First line screening (instead of probability calculation for trisomy 21, trisomy 18 and trisomy 13 in combined test)*
- ◯ *Assessment of increased risk of trisomy 21, trisomy 18 or trisomy 13*

You have decided to have a "Non-invasive prenatal test" (NIPT), also known as "Test of fetal DNA in maternal blood".

This will involve taking a blood sample from you and examining certain fragments of genetic material from your baby and the placenta that have entered your blood.

This enables trisomy 21 (Down's syndrome), and trisomy 18 and trisomy 13, to be identified with at least 99% certainty in singleton pregnancies.

If there is an abnormal result, an amniocentesis test should also be performed to confirm the result. In some cases, the test cannot deliver a result (i.e. neither abnormal nor normal). This is especially the case if your blood contains too little genetic material from the unborn baby. In this case, the blood sample would have to be repeated, at no cost to you.

With your signature, you declare that you understand the purpose and the limitations of this test, have had the procedure sufficiently well explained to you, and would like to undergo the test.

In addition, you declare that you are aware that it is **not possible** with this test **to 100% exclude** malformations, chromosomal defects and genetic and non-genetic disorders.

In particular, you also understand that **a very small proportion** of cases yield a false result (false abnormal or false normal). **In the case of twin pregnancies, the informative value of the test is generally limited.**

You also understand that this test is **not suitable** for testing you for **chromosomal disorders** other than trisomy 21, 18 and 13. In addition, so-called mosaics can often not be identified by this test.

In several NIPT variants, DNA can also be tested for a series of so-called microdeletions. Please be aware that this analysis can have lower certainty and informative value than the already established NIPT tests for trisomy 21, 18 and 13.

I would like to have a NIPT.

Name of patient	Vienna, (date)
Signature of patient	Signature of doctor

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