

## **NEO** test requisition form

	Juno Genetics number	Date of reception	Received by
Don't write in this grey			
area. For Juno Genetics			
internal use only			

internal use of	niy								
*The sections marked with (*) are mandatory to fill in to request the test									
PATIENT INFORMATION				REFERRING CLINIC DETAILS					
Patient name *				Referring name clinician*		ian*			
Patient clinic number *			(	Clinician email					
Patient date of birth *		dd / mm / yyyy		Referring clinic *					
Patient email				Email where to send the results *		the			
CLINICAL INDICATION *									
□ Advanced maternal age (> 35 years) □ Low risk/ maternal anxiety □ Positive serum screen □ Abnormal ultrasound □ History suggestive of increased risk for the specified chromosome aneuploidies □ Others □ Others □ Others									
□ Thistory suggestive of increased risk for the specified chromosome aneupholdies □ Others □									
CLINICAL INFORMATION									
Gestational age *	lage * weeks and days								
Method for pregnancy dating*		☐ Last menstrual period ☐ Date of implantation ☐ Crown-rump length							
		□ Other							
Type of pregnancy		☐ Natural ☐ I	VF	Date of blo	ood draw*				
		☐ Oocyte donation ☐ I	UI	Oocyte donor Date of birth		of birth	dd / mm / yyyy		
Maternal weight (kg)				Maternal height (cm)		)			
Type of gestation *		□ Singleton □ Twin				☐ Vanishing twin			
Relevant medical information (select only if present)		☐ Recent blood transfusion ☐ Cancer ☐ Immunotherapy or stem cell therapy							
		☐ Mosaicism/Chimera ☐ Transplant ☐ Others							
TEST SELECTION									
NEO5 TEST		Screening for fetal aneuploidies for 5 chromosomes (13, 18, 21, X, Y). If aneuploidy is detected for twin pregnancies, it is not possible to determine which fetus is affected by the aneuploidy.							
							· · ·		
NEO24 TEST	NEO24 TEST    Screening for fetal aneuploidies for all chromosomes. If aneuploidy is detected for twin pregnancies, it is not possible to determine which fetus is affected by the aneuploidy.								
Sex chromosomes to be reported? * □ Yes □ No									
*If abnormality affecting the sex chromosomes is detected in a singleton pregnancy, the sex will be reported even if 'No' is selected. For twin pregnancies, only the presence of the Y-chromosome is reported. Sex chromosome abnormalities are not reported for twin pregnancies.									
TEST REQUEST OF THE NEO TEST BY AN AUTHORIZED HEALTH PROFESSIONAL*									
I certify that I'm legally authorized to request examinations or use medical information, and that the patient details provided in this									
form are accurate to the best of my knowledge. I have explained the test and its limitations to the patient(s) and answered any related									
questions to the best of my abilities. I confirm that the patient has completed and signed the appropriate informed consent for the selected NEO test and that I have a copy of it. I agree to provide any additional information requested by Juno Genetics if necessary.									
Signature of aut									
referrer health profes					Date *	dd / n	nm / уууу		