natera

Accession ID# or MRN: _____

1234567-2-X

Please place collection kit barcode here.

DATE OF SAMPLE COLLECTION _____

PATIENT

Patient Last Name _____ Patient First Name _____

Date of Birth (MM/DD/YY) _____ Cell Phone _____

Patient Email _____

Address _____

City _____ State _____ Zip _____ ☐ F ☐ M Biological Sex

PAYMENT INFORMATION

☐ Bill Insurance ☐ Bill Clinic ☐ Bill Clinic / CA Prenatal Program PDC ☐ Self Pay

Insurance Company _____ Group Number _____

Member ID _____ Member Name _____

Prior Authorization Number (If Applicable) _____ Compassionate Care Ref # (if Applicable) _____

PREGNANCY INFORMATION

Is patient pregnant? ☐ 1st Trimester ☐ 2nd Trimester ☐ 3rd Trimester ☐ Not pregnant

Expected Due Date (MM/DD/YY) _____ Patient Weight (lbs) _____

We do NOT accept vanishing twins, pregnancies with more than two fetuses OR egg donor/surrogates with twins. For twin pregnancies or singleton egg donor/surrogate pregnancies, check ALL that apply.

☐ **Twin pregnancy** ☐ Monochorionic ☐ Dichorionic ☐ Don't know

Twin Defaults to ICD O30.001–Twin pregnancy, unspecified number of placenta/ amniotic sacs - first trimester. To use an alternate ICD code, list here _____

☐ **Surrogate** or **egg donor** pregnancy Age of genetic mother at egg retrieval: _____

PANORAMA PRENATAL SCREEN (SEE DETAILS ON BACK)

Panorama® ☐ Enroll patient in the **Automatic Redraw Program** (see back)

☐ **PANORAMA PRENATAL PANEL PLUS 22Q.11.2**

Chromosomes 13, 18, 21, X and Y; Triploidy; 22q.11.2 deletion

22q is not available for dizygotic twins or egg donors.

☐ I DO NOT want 22q.11.2

☐ I WANT fetal sex reported

☐ **PANORAMA EXTENDED PANEL** *(Not available for twins or egg donors)*

Panorama Prenatal Panel PLUS 5 additional microdeletions

☐ I WANT fetal sex reported

ICD-10 CODE (REQUIRED):

☐ O09.511 Supervision of elderly primigravida, 1st trimester
☐ O09.512 Supervision of elderly primigravida, 2nd trimester
☐ O09.521 Supervision of elderly multigravida, 1st trimester
☐ O09.522 Supervision of elderly multigravida, 2nd trimester
☐ Z34.81 Supervision of other normal pregnancy, 1st trimester
☐ Z34.82 Supervision of other normal pregnacy, 2nd trimester
☐ O28.5 Abnormal chromosomal & genetic finding on antenatal screening of mother

Other ICD-10 Code (see back) _____

ORDERING CLINICIAN / REPORT RECIPIENTS

Clinic or Organization _____

Enter or Check Clinician Name Below Phone _____

☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐

Additional Report Recipient _____ Fax _____

CLINICIAN ACKNOWLEDGEMENT (REQUIRED)

I confirm the testing ordered herein is medically necessary and this patient has been informed of the details of the genetic test(s) ordered, including the risks, benefits, and alternatives, and has consented to testing as may be required by law, including NY CVR §79-l, as applicable.

Ordering Clinician / Authorized Signature _____

FAMILY BACKGROUND

Personal / family history of a genetic disorder (list specific conditions and person affected):

_____

Patient ethnicity

☐ African American/Black ☐ Hispanic/Latin American ☐ Mediterranean ☐ Caucasian/Non-Hispanic White ☐ Ashkenazi Jewish ☐ Sephardic Jewish ☐ French Canadian ☐ Other _____ ☐ East Asian ☐ Southeast Asian ☐ South Asian

HORIZON CARRIER SCREEN (SEE DETAILS ON BACK)

Horizon™ Is patient currently using hormonal medications? ☐ Y ☐ N

SINGLE OPTIONS *(Select ONLY if no panels are chosen)*

☐ **DMD** ☐ **CF** ☐ **SMA** ☐ **ADD Tay-Sachs Enzyme*** (to any options or as single option)

*Requires an additional blood tube when ordered; Saliva is not available for Enzyme

PANEL OPTIONS

☐ **H4** SMA, CF, Fragile X, DMD
☐ **H14** Pan-ethnic Standard

To order test options below, select H14 PLUS add-on option below:

☐ ADD 13 genes for Pan-ethnic Medium (**H27**)
☐ ADD 92 genes for Comprehensive Jewish (**H106**)
☐ ADD 260 genes for Pan-ethnic Extended (**H274**)
Note: Males are not screened for X-linked conditions; gene count will vary

ICD-10 CODE (REQUIRED):

☐ Z84.81 Family history of carrier of genetic disease
☐ Z31.430 Female: genetic disease carrier status for procreative management
☐ Z31.440 Male: genetic disease carrier status for procreative management
☐ Z81.0 Family history of intellectual disabilities
☐ Z31.5 Encounter for genetic counseling

Other ICD-10 Code (see back) _____

VISTARA PRENATAL SCREEN (REQUIRES ADDITIONAL PATERNAL FORM – SEE DETAILS ON BACK)

Vistara ☐ **VISTARA**

Both biological parental samples are required and **must be received within 5 days** of maternal sample with additional Paternal form.
Vistara cannot be performed for twin pregnancies or cases where there has been a fetal demise, vanishing twin, or reduction.

ICD-10 CODE (REQUIRED): ☐ O28.3 Ultrasound finding *Describe or attach abnormal ultrasound findings* _____ Other ICD-10 Code (see back)_____

PATIENT ACKNOWLEDGMENT

By my signature I acknowledge I have read and agreed to the Patient Acknowledgment for testing on the back page. New York residents must check this box ❑ and sign below to permit Natera to use their samples for research and development; otherwise, their samples will be discarded within 60 days of testing. Natera may use the information included herein to contact on my cell phone, home phone, email, or via text messaging for treatment options, billing/collection matters and health-related products, services or studies unless I opt out by checking this box. ❑

Horizon patients: I would like to share my Horizon test results with my partner and his/her healthcare provider for treatment purposes.

Partner Name: _____ DOB: _____

Phone Number: _____ (For "Partner Auto Enroll" Program)

Patient Signature _____ Date _____

AUTHORIZATION TO RECEIVE INFORMATION ON HEALTH-RELATED PRODUCTS AND SERVICES

I hereby authorize Natera or Cord Blood Registry (CBR) to contact me about health-related services provided by CBR who acquired Natera's Evercord business and with whom Natera has an ongoing relationship. This authorization will remain in effect unless I revoke this authorization in a writing addressed to the Privacy Officer at Natera, but that Natera may rely on this authorization until it receives the written revocation. Any revocation of this authorization will not affect any use or disclosure made prior to receipt of the revocation. I understand that Natera / CBR will not condition my treatment, payment, enrollment or eligibility for benefits on this authorization.

Patient Signature _____ Date _____

natera SAMPLE REQUIREMENTS & ICD-10 CODES

The Referring Clinician should select the ICD-10 code(s) that best describes the patient's clinical condition, even if such ICD-10 code is not listed below.

NOTE: ALL YELLOW FIELDS ON THE FRONT OF THIS FORM ARE **REQUIRED**

Panorama®

For test specifications, see ***www.panoramatest.com/panorama-test/test-specs***

Patients must be at least 9 weeks gestation. 22q is not available for dizygoic twins or egg donors. Extended panel is not available for twins or egg donors.

Automatic Redraw Program: If this box is checked on the front of this form, and the patient receives a no result due to low fetal fraction or a laboratory processing issue, Natera will contact the patient on your behalf to schedule a redraw at no charge. This program is only available if this is the patient's first sample (not a redraw) and the patient's fetal fraction is greater than 2%. This program is not recommended for patients with a gestational age greater than or equal to 14 weeks, 0 days, and may not be available in all areas.

TEST OPTIONS:

Panorama Prenatal Panel Plus 22q.11.2, Includes Zygosity
Chromosomes 13, 18, 21, and X and Y; Triploidy; 22q.11.2 deletion syndrome

Panorama Extended Panel
Chromosomes 13, 18, 21, and X and Y; Triploidy; 22q.11.2 deletion syndrome, 1p36 deletion syndrome, Cri-du-chat syndrome, Angelman syndrome, and Prader-Willi syndrome

All Samples

Two 10mL Tiger-top Streck Cell-Free DNA BCT® blood tubes

General Screening
Twin Pregnancy with unspecified number of placenta/amniotic sac - first trimester....O30.001
Encounter for antenatal screening of mother....Z36.0
Encounter for other genetic testing of female for procreative management....Z31.438
Supervision of other normal pregnancy, 1st trimester....Z34.81
Supervision of other normal pregnancy, 2nd trimester....Z34.82
Increased Risk
Supervision of elderly primigravida, 1st trimester....O09.511
Supervision of elderly primigravida, 2nd trimester....O09.512
Supervision of elderly multigravida, 1st trimester....O09.521
Supervision of elderly multigravida, 2nd trimester....O09.522
Supervision of other high risk pregnancies, 1st trimester....O09.891
Supervision of other high risk pregnancies, 2nd trimester....O09.892
Abnormal Findings
Abnormal hematological finding on antenatal screening of mother....O28.0
Abnormal biochemical finding on antenatal screening of mother....O28.1
Abnormal ultrasonic finding on antenatal screening of mother....O28.3
Abnormal chromosomal and genetic finding on antenatal screening of mother....O28.5
Maternal care for (suspected) chromosomal abnormality in fetus, fetus 1....O35.1XX1
Maternal care for (suspected) hereditary disease in fetus, fetus 1....O35.2XX1
Maternal care for other (suspected) fetal abnormality and damage, fetus 1....O35.8XX1
Family History
Family history of other disabilities and chronic diseases leading to disablement....Z82.8

Horizon™

For a complete list of diseases tested, see ***www.horizonscreen.com***

GENES ANALYZED ON HORIZON PANELS

Horizon 3: CFTR, DMD, FMR1
Horizon 4: CFTR, DMD, FMR1, SMN1
Horizon 14: ACADM, ASPA, CFTR, DHCR7, DMD, FMR1, GALT, GBA, HBA1/HBA2, HBB, HEXA, IKBKAP, PKHD1, SMN1 *NOTE: Saliva not available for H14
Horizon 27: Horizon 14 + 13 genes (ASS1, BLM, CLN3, G6PC, FAH, FANCC, IDUA, IVD, MCOLN1, MMACHC, PEX1, PEX7, SMPD1)
Horizon 106: Horizon 14 + 92 genes, see www.horizonscreen.com
Horizon 274: Horizon 14 + 260 genes, see www.horizonscreen.com

If ordering Tay-Sachs (TSE)

One 10mL *and* one 6mL Lavender-top BD Vacutainer® K2 EDTA blood tube

If NOT ordering TSE

One 10mL Lavender-top BD Vacutainer® K2 EDTA blood tube
OR
One 2mL Oragene® saliva tube

General Screening
Encounter for nonproductive screening for genetic disease carrier status....Z13.71
Screening for other disorder....Z13.8
Female for testing for genetic disease carrier status for procreative management....Z31.430
Male for testing for genetic disease carrier status for procreative management....Z31.440
Pregnant state, incidental....Z33.1
Supervision of normal 1st pregnancy, 1st trimester....Z34.01
Supervision of normal 1st pregnancy, 2nd trimester....Z34.02
Supervision of other normal pregnancy, 1st trimester....Z34.81
Supervision of normal pregnancy, unspecified trimester....Z34.91
Encounter for genetic counseling....Z31.5
Family History
Family history of intellectual disabilities....Z81.0
Family history of other diseases of the musculoskeletal system and connective tissue....Z82.69
Family history of carrier of genetic disease....Z84.81
Family history of other specified conditions....Z84.89

Vistara

For test specifications, see ***www.natera.com/vistara/conditions***

This test is **not recommended** for patients who have been diagnosed with a genetic disorder on the panel.

We recommend that samples be received in the lab within 72 hours after collection. Maternal samples received more than 5 days after date of collections will be rejected.

If the paternal sample is received more than 5 days after the maternal sample, the maternal and paternal samples will be rejected.

GENES ANALYZED ON VISTARA

Craniosynostosis Syndromes
FGFR2

Noonan Spectrum Disorders
BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, SHOC2, SOS1, SOS2, RAF1, RITI, PTPN11

Skeletal Disorders
FGFR3, COL1A1, COL1A2

Syndromic Disorders
JAG1, CHD7, HDAC8, NIPBL, RAD21, SMC1A, SMC3, TSC1, TSC2, NSD1, SYNGAP1, CDKL5, MECP2

Maternal Sample

Two 10mL Tiger-top Streck Cell-Free DNA BCT® blood tubes

Paternal or Egg Donor Sample

One 6mL Lavender-top BD Vacutainer® K2 EDTA blood tube
(2mL Oragene® saliva tubes as an alternative are optional on request)

General Screening
Other mental disorders complicating pregnancy, 1st trimester....O99.341
Other mental disorders complicating pregnancy, 2nd trimester....O99.342
Other mental disorders complicating pregnancy, 3rd trimester....O99.343
Encounter for antenatal screening of mother....Z36.0
Increased Risk
Supervision of elderly multigravida, 1st trimester....O09.521
Supervision of elderly multigravida, 2nd trimester....O09.522
Supervision of elderly primigravida, unspecified trimester....O09.519
Supervision of elderly multigravida, unspecified trimester....O09.529
Supervision of other high risk pregnancies, 1st trimester....O09.891
Supervision of other high risk pregnancies, 2nd trimester....O09.892
Supervision of other high risk pregnancies, 3rd trimester....O09.893
Supervision of other high risk pregnancies, unspecified trimester....O09.899
Abnormal Findings
Other abnormal findings on antenatal screening of mother....O28.1
Abnormal ultrasonic finding on antenatal screening of mother....O28.3
Abnormal radiologic finding on antenatal screening of mother....O28.4
Abnormal chromosomal and genetic finding on antenatal screening of mother....O28.5
Maternal care for (suspected) chromosomal abnormality in fetus, fetus 1....O35.1XX1
Maternal care, other (suspected) fetal abnormality/damage, not applicable/unspecified....O35.9XX0
Maternal care, other (suspected) fetal abnormality/damage, unspecified, fetus 1....O35.0XX1
Family History
Craniosyntosis....Q75.0
Craniofacial dysostosis....Q75.1
Other congenital malformations of musculoskeletal system....Q79.8
Congenital malformation syndromes predominantly associated with short stature....Q87.1
Rett's syndrome....F84.2
Family history of carrier of genetic disease....Z84.81

PATIENT ACKNOWLEDGMENT (READ AND SIGN THE FRONT OF THIS PAGE)

I have been informed of and understand the details of the tests ordered herein for me by my health care provider, including the risks, benefits and alternatives and I have consented to testing. I understand that the test results may inform me of a genetic condition that is present in myself or my partner that may require medical follow-up. I also understand that negative results do not rule out the possibility of a genetic condition in the fetus, myself and/or my partner. I authorize Natera or other provider to share the information on this form and my test results with my health insurer/health plan ("plan") on my behalf, with all benefits of my plan made payable directly to Natera or other provider. I understand that I am responsible for any amount not paid by my plan directly to Natera for tests ordered, including, without limitation, a) any copay-ments, deductibles or amounts deemed 'patient responsibility' or b) any amounts paid to me by my plan. This testing will not be covered by my plan if it is outside of the plan's coverage guidelines or deemed not medically necessary –(e.g. where prior authorization is required but not obtained) and I will be responsible for the cost of such testing between $249 and $1590 per test, discounts may apply. I assign to Natera the right to appeal on my behalf negative coverage decisions made by my plan and to assert all rights and claims reserved to me as the beneficiary thereof. I authorize Natera to charge my credit card for any balance I might owe with regard to my tests. The information obtained from my tests may be used in scientific publications or presentations, but my specific identity will not be revealed. Natera may reach out to my healthcare provider to obtain more information regarding clinical correlation and confirmatory testing. My leftover samples may be de-identified and used for research and development. I and my heirs will not receive payments, benefits, or rights to any resulting products or discoveries. If I do not want my samples used, I may send a request in writing to Natera Sample Retention Department at the address written below within 60 days after test results have been issued and my samples will be destroyed.