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R. F. Carter, PhD, FCCMG

PATIENT INFORMATION

Patient Name: Doe Jane Date of Birth: 1990-01-01

Maternal Age at EDD: 26

Gestational Age: 9 Weeks / 6 Days

Maternal Weight: Health Card #:

BIR1232 Order ID: Accessioning ID: ABC1234567

Collection Kit:

**LOW RISK** 

Collection Centre: LifeLabs PROVIDER INFORMATION

Ordering Physician: Dr. M. Goodbirth

Genetic Counsellor: -Additional Reports:

Test Requested: Panorama Prenatal Test

Report Date: 2016-04-18 Samples Collected: 2016-04-14 Samples Received: 2016-04-15

Maternal Blood

**ABOUT THIS SCREEN** 

Panorama® is a screening test, not diagnostic. It evaluates genetic information in the maternal blood. which is a mixture of maternal and placental DNA, to determine the chance for specific chromosome abnormalities. The test does NOT tell with certainty if a fetus is affected, and only tests for the conditions ordered by the healthcare provider. A low risk result does not guarantee an unaffected fetus.

## REPORT SUMMARY

Result

Fetal Sex

Fetal Fraction

FEMALE

7.5%

Low probability of Trisomy 13, Trisomy 18, Trisomy 21 and/or Monosomy X.

## **RESULT DETAILS**

Condition Tested <sup>1</sup>	Fesult	Risk Before Test&	Panorama Risk Score <sup>3</sup>
Trisomy 21	Low Risk	6/1,000	<1/10,000
Trisomy 18	Low Risk	3/1,000	<1/10,000
Trisomy 13	Low Risk	9/10,000	<1/10,000
Monosomy X	Low Risk	4/1,000	<1/10,000
Triploidy/Vanishing twin	Low Risk		

<sup>1</sup> Excludes cases with evidence of fetal and/or placental mosaicism 2. Based on maternal age, gestational age, and/or general population, as applicable. References available upon request. 3. Based on a priori risk and results of analysis of circulating placental DNA.

TESTING METHODOLOGY: DNA isolated from the maternal blood, which contains placental DNA, is amplified at specific loci using a targeted PCR assay, and sequenced using a high-throughput sequencer. Sequencing data is analyzed using Natera's proprietary algorithm to determine the fetal copy number for chromosomes 13, 18, 21, X, and Y, thereby identifying whole chromosome abnormalities at these locations, and if ordered, the microdeletion panel will identify microdeletions at the specified loci only. If a sample fails to meet the quality threshold, no result will be reported for the specified chromosome(s). The test requires sufficient fetal fraction of at least 2.8% to produce a result. Fetal fraction refers to the percentage of fetal (placental) DNA in the maternal plasma compared to the amount of maternal DNA.

DISCLAIMERS: This test has been validated on women with a singleton pregnancy and of at least nine weeks gestation. This test cannot be performed on patients who are carrying multiple babies (twins, triplets, etc.). A result will not be available where the maternal blood cells and oocytes are not of the same genetic lineage, as in the case of an egg donor, surrogate, or bone marrow transplant recipient. This test is not intended to identify pregnancies at risk for open neural tube defects. Findings of unknown significance and possible non-paternity will not be reported. As this assay is a screening test and not diagnostic, false positive and false negatives can occur. High risk test results need diagnostic confirmation by alternative testing methods, such as chorionic villus sampling (CVS) or amniocentesis. Low risk results do not fully exclude the diagnosis of any of the syndromes nor do they exclude the possibility of other chromosomal abnormalities or birth defects, which are not part of this test. Potential sources of inaccurate results include, but are not limited to, mosaicism, low fetal fraction, limitations of current diagnostic techniques, or misidentification of samples. This test has the potential to uncover blood relationships between the couple or family members. Test results should always be interpreted by a clinician in the context of the clinical and familial data with the availability of genetic counselling when appropriate. The Panorama prenatal test was developed by Natera, Inc., 201 Industrial Road Suite 410, San Carlos, CA 94070., a laboratory certified under the Clinical Laboratory Improvement Amendments (CLIA). This test has not been cleared or approved by the U.S. Food and Drug administration (FDA).

**APPROVED BY** 

R.F. Carter, PhD, FCCMG (Laboratory Director)

IF THE ORDERING PROVIDER HAS QUESTIONS OR WISHES TO DISCUSS THE RESULTS, PLEASE CONTACT US AT 1-844-363-4357. Ask for the NIPT genetic counsellor on call. For more information, please visit www.lifelabsgenetics.com. LifeLabs Genetics is licensed by the Ontario Ministry of Health and Long-Term Care to operate as a clinical genetic laboratory: MOHLTC license 5806.

