

Health insurance fund or cost carrier		
Surname, first name and address of insured		Date of birth
Health insurance No.	Insured No.	Status
Establishment No.	Doctor No.	Date

Responsible practice/doctor (stamp)



WM-3201-EN-001

Mandate Reference for SEPA Direct Debit Mandate:

Attach or enter
barcode

**Send original and blood
sample in return box.**

Singleton pregnancy Twin pregnancy

PraenaTest® (NIPT)

Order for genetic testing – Self-pay patient

<input checked="" type="checkbox"/> Trisomies 21/18/13		Examination for trisomies 21/18/13 min. gestational week 9 + 0 p.m.	
<input type="checkbox"/> Covered by health insurance fund. The completed form S for billing via the health insurance fund and Laborüberweisungsschein Muster 10 are enclosed.			
<input type="checkbox"/> Privately insured / self-payer. The patient will pay for the PraenaTest® examination herself.			214.50 Euro
<input type="checkbox"/> Determination of sex		<input type="checkbox"/> Notification of results only in pregnancy week 14 + 0 p.m.*	17.49 Euro
<input type="checkbox"/> SCA		Examination for gonosomal aneuploidies of the X and Y chromosome (Turner syndrome, Klinefelter syndrome, Triple X syndrome, XYY syndrome)	34.98 Euro
<input type="checkbox"/> RAA		Examination of chromosomes 1 to 12, 14 to 17, 19, 20 and 22 for monosomies and trisomies as well as chromosomes 13, 18 and 21 for monosomies.	52.47 Euro
<input type="checkbox"/> CNV		Examination for partial duplications and deletions > 7 Mb of chromosomes 1 to 22.	52.47 Euro
<input type="checkbox"/> Mikrodeletion 22q11.2		Microdeletion of approx. 3 Mb of chromosome 22 at position 11, associated with DiGeorge and Velo-cardio-facial syndrome.	87.45 Euro

Prices incl. VAT and shipping. * i.e. pregnancy week 12 + 0 p.c. acc. to § 15 para. 1 GenDG

Date of the blood sample

Repeat (new blood sample)

Singleton pregnancy Twin pregnancy

Week of pregnancy + p.m.

Vanishing twin

More information on pregnancy

Height cm

Current weight kg

Requirement according to GenDG

I have provided the above-mentioned patient with human genetic counselling and information in accordance with the GenDG. The patient has given her written consent to the selected genetic examination. I hereby confirm the order for the genetic examination(s) selected above in accordance with § 7 GenDG.

Name of the responsible doctor

Fax No. for result notifications

Place, date **Signature of the responsible doctor**

Result notification for PraenaTest®

DE EN ES TR RU

Self-payer service agreement

I would like to make use of the genetic examination(s), which is/are not part of the SHI-accredited medical care, as a self-payer/private patient via my responsible doctor. This request is not at the initiative of my doctor. I will pay for the examination myself.

SEPA Direct Debit Mandate – Creditor ID: DE 35ZZZ00000415178

I hereby authorise Eurofins LifeCodexx on behalf of Pränatal-Medizin München to collect the payment to be made by me in accordance with the selected genetic examination(s) after separate notification of the results to the responsible doctor in each case. The results must be reported to the responsible doctor. If my address is available, I will receive the invoice/s after receipt of payment. Even in the event of a revocation, I must pay for the service provided. **No german bank account?** Please transfer the total amount in advance to Eurofins LifeCodexx, IBAN DE83 2073 0017 7000 0034 50, Swift-BIC HYVEDEMME17, UniCredit (HypoVereinsbank).

First name of the account holder

Surname of the account holder

IBAN

Place, date **Signature of the authorised representative/the patient**

Consent to the genetic examination and to the use of data

With my signature, I give my consent to the genetic examination(s) selected above. I have received human genetic counselling and information from my responsible doctor in accordance with the GenDG. I agree that my data may be forwarded to partner laboratories for the purpose of testing laboratory medical parameters that cannot be carried out by Pränatal-Medizin München. I can revoke my consent to my responsible doctor at any time. In the event of revocation, the processing of my personal data that has taken place up to that point remains lawful. The privacy policy according to § 13, 14 GDPR can be viewed at <https://en.praenatal-medin.de/privacy-policy>.

Material and results may be used for the purpose of quality assurance, scientific evaluation, development of new diagnostic possibilities and publication in an absolutely anonymous form. If you do not agree, any remaining sample material will be destroyed after the sample has been analysed. Yes No

Telephone number of the patient

Email address of the patient

Place, date **Signature of the patient**