

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-3205-EN-001

Attach or enter barcode

Send original and blood sample in return box.

PraenaTest® (NIPT)

Order for genetic testing – Health insurance benefit

Trisomies 21/18/13

Examination for trisomies 21/18/13 min. 9 + 0 p.m. week of pregnancy

Covered by health insurance fund. Laborüberweisungsschein Muster 10 must be enclosed.

Singleton pregnancy

Twin pregnancy

Monochorial

Dichorial

Repeat (new blood sample)

Vanishing twin

More information on pregnancy

Date of the blood sample

DDMMYYYY

Week of pregnancy

+ p.m.

Height

cm

Current weight

kg

Notice of results for PraenaTest®

DE EN ES TR RU

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 for 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

X

Consent to the genetic examination and to the use of data

With my signature, I give my consent to the above genetic examination. 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-medizin.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

Place, date

Signature of the patient

X

Pränatal-Medizin München Frauenärzte und Humangenetiker MVZ GmbH

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To be completed by the doctor

To be completed by the patient