

# Request for NIPT analysis

SEND SAMPLES TO:  
Tyks laboratoriot Genetiikka  
Tunnus 5022566  
Info T4951  
21006 VASTAUSLÄHETYS  
Tel. (02) 313 7475, (02) 313 7476  
Fax (02) 313 9909

Sender reference	_____
Laboratory reference	_____
Sample collected	_____
Sample received	_____

Tyks Laboratories, Guidebook: <https://webohjekarja.mylabservices.fi/TYKS/>

**NOTE: Samples must be in the laboratory within five (5) days from collection. Samples must be stored in room temperature.**

<b>Referring unit</b>	<b>Reporting and invoicing address</b>

<b>Patient</b>	<b>Personal identification number</b>
_____	_____
<b>Requested analysis:</b> <b>6373 B-NIPTtri</b> (basic analysis)	<b>6374 B-NIPTdel</b> (expanded analysis, consent needed)
<b>Link to informed consent:</b> <a href="https://www.tyks.fi/ammattilaiselle/laheteohjeet/tyks-laboratorioiden-laheteohjeet">https://www.tyks.fi/ammattilaiselle/laheteohjeet/tyks-laboratorioiden-laheteohjeet</a>	

<b>Pregnancy info</b>	<b>Singleton</b>	<b>Twin</b>
<b>Gestational age:</b> _____		
<b>Positive combined screening</b>		Nuchal translucency _____ mm
Risk for T21 _____		Maternal age
Risk for T18 _____		Ultrasound abnormality
<b>History of chromosome aneuploidy, specify:</b> _____		Screening
<b>Fetal gender reporting:</b>		Other, specify: _____
Yes		
No		

<b>Clinical history</b>

**Referring clinician** \_\_\_\_\_

**Date** \_\_\_\_\_ **Tel.** \_\_\_\_\_ **E-mail** \_\_\_\_\_