Santé et Services sociaux Québec

DT9227

NONINVASIVE PRENATAL GENOMIC TESTING (NIPGT) SCREENING FOR TRISOMY 21, TRISOMY 18, AND TRISOMY 13

Family name

First name

Date of birth (Year / Month / Day)

Health insurance No.

Address | Postal code

Telephone No. (Area code)

Prescriber to receive results

Name (last name first)	Clinic
Address	Area code Telephone No.
Nº de permis	Area code Fax No.

Prescriber Signature

Cc to other professional

Name (last name first)	Clinic
Area code Telephone No.	Area code Fax No.

Clinical information

DLM: Year / Month / Day

EDD: Year / Month / Day

UEDD: Year / Month / Day

Weight: _____ kg Height: _____ m

☐ **Singleton pregnancy**

☐ **Twin pregnancy (two fetuses)**

Clinical indication (for multiple indications, enter primary indication)

	Primary indication
☐ High risk per the Québec Prenatal Screening Program (QPSP)	☐
☐ Maternal age 40 or over at delivery	☐
☐ Previous pregnancy with trisomy 21, 18, or 13	☐
☐ Twin pregnancy (two fetuses)	☐
☐ Case referred for testing per genetics consult	☐

Specify reason:

Consent to NIPGT for trisomy 21, trisomy 18, and trisomy 13

I acknowledge that I have read what is written on the back of the consent form and that I understand what it says about the prenatal genomic test. I have had the opportunity to talk about it with a health professional and ask questions, for which I have received satisfactory answers. I understand that my participation is voluntary and that I am free to agree to or refuse prenatal genomic testing. My refusal will not affect the care and support I will receive. I understand that if I agree to prenatal genomic testing, my sample will be tested only for trisomy 21, trisomy 18, and trisomy 13.

I agree to have the contents of this form and the results of prenatal genomic testing sent to the Minister of Health and Social Services for use in assessment and quality control regarding the Québec Prenatal Screening Program. I also understand that my sample may be used anonymously for assessment, quality control, and technical improvement purposes.

Consequently,

☐ **I declare that I have received all the information I needed, and I consent to prenatal genomic testing for trisomy 21, trisomy 18, and trisomy 13 freely and with understanding.**

☐ **I declare that I have received all the information I needed, and I decline prenatal genomic testing for trisomy 21, trisomy 18, and trisomy 13 freely and with understanding.**

Signature of the pregnant woman		**Date**	Year / Month / Day
If under 14 years of age or unable to consent, signature of the person authorized to sign on her behalf and relationship to the pregnant woman		**Date**	Year / Month / Day

Blood test: From 10th week of pregnancy
Two specimen collection tubes per your NIPGT lab test menu requirements

Lab test centre (name and address)

Lab technician signature		Licence No.	**Date sample collected**	Year / Month / Day	Time :

About prenatal genomic testing to screen for trisomy 21, trisomy 18, and trisomy 13

Prenatal genomic testing is the screening offered to you if you are at a high risk of having a baby with trisomy 21 or trisomy 18 (including trisomy 13) based on your initial screening through the Québec Prenatal Screening Program. Prenatal genomic testing is offered as a prerequisite to amniocentesis (confirmatory diagnostic test) because it is a safe and highly reliable way to rule out the three trisomies indicated.

It may also be offered in the following circumstances:

- If you had a previous pregnancy in which the baby had trisomy 21, trisomy 18, or trisomy 13
- If you will be 40 years of age or older at the time of delivery
- If you have a twin pregnancy (two fetuses)
- If the test was ordered based on a medical genetics consult.

Information on prenatal genomic testing is included with Québec Prenatal Screening Program material and available on the Ministère de la Santé et des Services sociaux website:
https://msss.gouv.qc.ca/professionnels/perinatalite/programme-quebecois-de-depistage-prenatal/

Here are the possible results from prenatal genomic testing and what they imply:

Low risk: indicates that your baby probably doesn't have any of the trisomies screened for. Results are more than 99% reliable, and no further testing is needed.

High risk: indicates that your baby probably has one of the trisomies screened for, but confirmation by amniocentesis will be necessary before any decisions can be made about your pregnancy.

Limitations of prenatal genomic testing:

- If results indicate that the risk is low, there is still a small chance that the baby has a trisomy.
- If results indicate that the risk is high, there is still a possibility of that being a false positive, meaning that the baby doesn't have a trisomy, despite what the test says.
- There is a small percentage of women for whom the test doesn't work. If you test as high risk, talk to your health professional about what to do next.