harmony™ PRENATAL TEST
performed in Canada

Dynacare®

INSTRUCTIONS TO COMPLETE THE HARMONY™ REQUISITION

Please make sure to fill out the form completely and legibly to ensure on-time report delivery.

Patient Information

All patient information must be filled out. A label with the patient's information may be affixed here, but please be sure to add any information that may be missing on the label.

Patient Consent

Be sure to have the patient sign the consent. If this is not signed, the specimen will not be processed.

Blood Draw Information

Please indicate if this is a redraw.

The collection centre will complete the collection date and collection centre information.

Prescriber Information

Complete the requesting physician's information. The reports will be sent only to the prescribing physician at the indicated information. You may use a label.

Test Menu Options

Fetal sex must be checked off to receive this information (it is not included in the other options). Fetal sex can be checked off for twin pregnancies.

Monosomy X, Sex Chromosome Aneuploidy Panel and 22q11.2 options are NOT available for twin pregnancies.

Clinical Information

All clinical information is required:

- Gestational age: please complete section A or B. For A, indicate the gestational age on the day it was measured by ultrasound. For B, indicate the LMP date or IVF transfer date.
- Indicate the number of fetuses. The test cannot be performed for >2 fetuses. The test has not been validated for vanishing or demised twins.
- Indicate if this is an IVF pregnancy. If yes, indicate whether it is a self or non-self donor. For both self and non-self donors, specify age at time of egg retrieval.

Clinician Signature

The prescribing physician must sign and date the requisition. Any other type of signed prescription for this test must be attached to the requisition.

Sample requisition form:

harmony™ PRENATAL TEST *performed in Canada* — Dynacare®

Harmony Prenatal Test Requisition

PATIENT INFORMATION

- Last Name: Doe
- First Name: Jane
- Date of Birth (Year / Month / Day): 1978/04/18
- Health Ins. No.: ABCD01234567
- Sex: ☒ F ☐ M — Weight: 60 ☒ kg ☐ lbs
- Address (No / Street / Apt.): 1234 Main St.
- (City / Province / Postal code): Toronto, ON A1A 1A1
- Tel: 416-123-4567

PATIENT CONSENT

My signature on this form indicates that I have read, or had read to me, the informed consent on the back of this form. I understand the informed consent and give permission to Dynacare to perform the laboratory test(s) selected. I have had the opportunity to ask questions and discuss the capabilities, limitations, and possible risks of the test(s) with my healthcare provider or someone my healthcare provider has designated. I know that if I wish, I may obtain professional genetic counselling before signing this consent.

- Patient Signature: JDoe
- Date (Year / Month / Day): 2018/03/15

BLOOD DRAW INFORMATION

- Collection Date (Year / Month / Day): 2018 03 16
- Is this a redraw? ☐ Yes ☑ No
- Collection Centre: ABC Clinic

PRESCRIBER INFORMATION

- Last Name: Smith
- First Name: Janice
- Clinic: Smith Clinic
- Address (No / Street / Office): 4567 Young St.
- (City / Province / Postal code): Toronto, ON B2B 2B2
- Tel: 416-111-2222
- Fax: 416-333-4444

TEST MENU OPTIONS

☒ Harmony Prenatal Test (T21, T18, T13)

Additional options:

- ☑ Fetal Sex
- ☐ Monosomy X[1,2]
- ☐ Sex Chromosome Aneuploidy Panel[1,2]
- ☐ 22q11.2[1] (additional cost for this option)

[1]Singletons only. [2]Fetal sex not reported.

CLINICAL INFORMATION

Gestational age: complete A or B

- A Gestational age at date of ultrasound: 10 weeks 5 days
- Date of ultrasound (Year / Month / Day): 2018 03 15
- B ☐ LMP Date; or ☐ IVF Transfer Date (Year / Month / Day):
- # of Fetuses ☑ 1 ☐ 2
- IVF Pregnancy ☐ No ☑ Yes → Egg Donor is: ☑ Self ☐ Non-self
- Donor Age at Retrieval: 35 years

CLINICIAN SIGNATURE

I attest that my patient has been fully informed about details, capabilities, and limitations of the test(s). The patient has given full consent for this test.

- Clinician Signature: JSmith
- Date (Year / Month / Day): 2018/03/15 — Licence No. 123456

1100 Bennett Road, Unit#4, Bowmanville, ON L1C 3K5 T 888.988.1888 F 450.663.4428 DynacareNext@dynacare.ca

Rev 2018AL06

For questions, call our Customer Care Department: 888.988.1888