Patient Information

Patient Name:	Jane Doe
Date of Birth:	11/08/1975
Maternal Age at EDD:	37
Gestational Age:	11 weeks/0 days
Maternal Weight:	N/A
Patient ID:	P99457
Medical Record #:	M84555
Collection Kit:	123233-2-N
Reference ID:	254233-2-N
Accessioning ID:	C47695
Case File ID:	159466

Test Information

Ordering Physician:	Dr. Matthew Goodbirth, M.D. (G123456)
Clinic Information:	Natera, Inc.
Additional Reports:	N/A
Report Date:	02/01/2013
Samples Collected:	01/31/2013
Samples Received:	02/01/2013
	Mother Blood

panorama® natera prenatal screen

ABOUT THIS SCREEN: Panorama™ is a screening test, not diagnostic. It evaluates genetic information in the maternal blood, which is a mixture of maternal and placental DNA, to determine the chance for specific chromosome abnormalities. The test does NOT tell with certainty if a fetus is affected, and only tests for the conditions ordered by the healthcare provider. A low risk result does not guarantee an unaffected fetus.

FINAL RESULTS SUMMARY: TWINS

Result	*Zygosity*	*Fetal Sex*	*Fetal Fraction(s)*
LOW RISK	**Dizygotic**	♂ **Male**	**8.3%, 8.4%**
	FRATERNAL TWINS	♀ **Female**	

Notes by the clinical reviewer, if any, will be shown here.

RESULT DETAILS: ANEUPLOIDIES

Condition tested[1]	*Result*	*Risk Before Test*[2]	*Risk After Test*[3]
Trisomy 21	Low Risk	1/152	<1/4,000
Trisomy 18	Low Risk	1/111	<1/10,000
Trisomy 13	Low Risk	1/357	<1/10,000

1. Reporting for Monosomy X, Triploidy, and microdeletion syndromes is not available for dizygotic twin pregnancies. Excludes cases with evidence of fetal and/or placental mosaicism. 2. Based on maternal age, gestational age, and/or general population, as applicable. References available upon request. 3. Risk after test for aneuploidy incorporates results from the Panorama algorithm as well as analytical PPV (high risk) and NPV (low risk). Maternal age is utilized in this calculation, however the "risk after test" may not reflect the actual PPV for this patient, as additional risk factors, including but not limited to; results of other screening, ultrasound findings, personal/family history, are not included in the risk assessment.

Approved By: Susan Zneimer, Ph.D., FACMGG, Laboratory Director

IF THE ORDERING PROVIDER HAS QUESTIONS OR WISHES TO DISCUSS THE RESULTS, PLEASE CONTACT US AT 650-249-9090 #3. Ask for the NIPT genetic counselor on call.

Patient Information

Patient Name:	Jane Doe
Date of Birth:	11/08/1975
Maternal Age at EDD:	37
Gestational Age:	11 weeks/0 days
Maternal Weight:	N/A
Patient ID:	P99457
Medical Record #:	M84555
Collection Kit:	123233-2-N
Reference ID:	254233-2-N
Accessioning ID:	C47695
Case File ID:	159466

Test Information

Ordering Physician:	Dr. Matthew Goodbirth, M.D. (G123456)
Clinic Information:	Natera, Inc.
Additional Reports:	N/A
Report Date:	02/01/2013
Samples Collected:	01/31/2013
Samples Received:	02/01/2013
	Mother Blood

panorama® natera prenatal screen

ABOUT THIS SCREEN: Panorama™ is a screening test, not diagnostic. It evaluates genetic information in the maternal blood, which is a mixture of maternal and placental DNA, to determine the chance for specific chromosome abnormalities. The test does NOT tell with certainty if a fetus is affected, and only tests for the conditions ordered by the healthcare provider. A low risk result does not guarantee an unaffected fetus.

Testing Methodology: DNA isolated from the maternal blood, which contains placental DNA, is amplified at specific loci using a targeted PCR assay, and sequenced using a high-throughput sequencer. Sequencing data is analyzed using Natera's proprietary algorithm to determine the fetal copy number for chromosomes 13, 18, 21, X, and Y, thereby identifying whole chromosome abnormalities at these locations, and if ordered, the microdeletion panel will identify microdeletions at the specified loci only. If a sample fails to meet the quality threshold, no result will be reported for the specified chromosome(s). The test requires sufficient fetal fraction to produce a result. Fetal fraction is determined using a proprietary algorithm incorporating data from single nucleotide polymorphism-based next-generation sequencing. Estimates of fetal fraction may differ when measured by different laboratories and/or methodologies.

Disclaimers: This test has been validated on women with a singleton, twin or egg donor pregnancy of at least nine weeks gestation. A result will not be available for higher order multiples and multiple gestation pregnancies with an egg donor or surrogate, or bone marrow transplant recipients. Complete test panel is not available for twin gestations and pregnancies achieved with an egg donor or surrogate. For twin pregnancies with a fetal fraction value below the threshold for analysis, a sum of the fetal fractions for both twins will be reported. Findings of unknown significance will not be reported. As this assay is a screening test and not diagnostic, false positives and false negatives can occur. High risk test results need diagnostic confirmation by alternative testing methods. Low risk results do not fully exclude the diagnosis of any of the syndromes nor do they exclude the possibility of other chromosomal abnormalities or birth defects, which are not a part of this test. Potential sources of inaccurate results include, but are not limited to, mosaicism, low fetal fraction, limitations of current diagnostic techniques, or misidentification of samples. This test will not identify all deletions associated with each microdeletion syndrome. This test has been validated on full region deletions only and may be unable to detect smaller deletions. Microdeletion risk score is dependent upon fetal fraction, as deletions on the maternally inherited copy are difficult to identify at lower fetal fractions. Test results should always be interpreted by a clinician in the context of clinical and familial data with the availability of genetic counseling when appropriate. The Panorama prenatal test was developed by Natera, Inc., a laboratory certified under the Clinical Laboratory Improvement Amendments (CLIA). This test has not been cleared or approved by the U.S, Food and Drug Administration (FDA).