Pathkind Labs

Affix Barcode

NIPS TEST REQUISITION FORM

☐ NIPS Basic ☐ NIPS Advanced ☐ NIPS Comprehensive

To be filled in by Patient

Patient	Name			DOB		ID / Passport No.
	Address					Contact No.
	Weight		Blood Type		Inherited Disease ☐ Yes ☐ No	
Pregnancy	Gestation Period_____Weeks				Pregnancy Type ☐ Singleton ☐ Multiple	
	Past History of Gestation Abnormality ☐ Yes ☐ No					
					Inherited Disease ☐ Yes ☐ No	

To be filled in by Clinic / Medical Institution

Pregnancy Profile	Doctor		Undergoing IVF Yes ☐ No (No of embryos: Implantation_____Bligted Ovum_____Fetal Reduction _____)		
	Down Syndrome Test	☐ None so far ☐ NT_____ Notes:			
		T21_____ T18_____ T13_____			
Sample Info	Medical Institution		Contact No.	Blood Taken by	Blood Quantity
	Blood Collection Date		Blood Pick up Date		
	Collection Agent		Condition of Blood		Blood Id

*This test does not reveal the gender of the fetus