KAISER PERMANENTE® Southern Colorado NIPT Laboratory Requisition

UPIN / NPI#:	FILL IN ALL INFORMATION PATIENT NAME (Last, First):
PROVIDER NAME:	
ADDRESS:	DATE OF BIRTH:
PHONE NUMBER:	Kaiser PERMANENTE HEALTH RECORD MEMBER ID #:
FAX NUMBER:	Circle one: STAT Routine
PAGER or CELL:	Collection Date/Time/Initials:
ICD-10 DIAGNOSIS CODE(s): **REQUIRED**	
**Medicare does not generally cover routine screening tests	PROVIDER: Please sign and date below. Then FAX order to: 303-404-4030 or 1-877-489-5586

NIPT- TRISOMY 21, 18, 13 ANEUPLOIDY ANALYSIS W SEX CHROMOSOMES, MATERNAL BLOOD, DIRECTED CFDNA ANALYSIS.

[Answer all Questions]

Number of fetuses? _____ 3 or more (DO NOT ORDER THIS TEST)

EDD by sono only: Date? _____

Age of patient/donor at egg retrieval (yrs.): Numeric:_____

Maternal weight (lbs.): _____

[Circle appropriate answers]

IVF pregnancy? Yes/No

Egg used in IVF: Donor/Patient

Reason for testing?

- ○ Advanced Maternal Age
- ○ Abnormal Prenatal Screen
- ○ Abnormal Ultrasound
- ○ Family History of Chromosome Abnormalities
- ○ Other

Patient/Family Hx of Aneuploidy? Yes/No

If Yes, Specify condition and relation: _____

No appointments necessary for routine laboratory testing at any Kaiser Permanente lab facility.

Laboratory hours: 9 a.m. to 5 p.m., weekdays.

PLEASE NOTE: Specimens from outside of Kaiser Permanente will not be accepted.

**TESTING ORDERED MUST BE MEDICALLY NECESSARY TO PREVENT, DIAGNOSE, OR TREAT A MEDICAL CONDITION.
THE TESTS ON THIS ORDER FORM HAVE BEEN APPROVED BY THE ATTENDING PHYSICIAN.
(PLEASE SIGN/DATE BELOW)

_____
Signature

Date: _____