Non-Invasive Prenatal Testing (NIPT) Report

Medical Institution Details

Name: City Health Maternity Clinic
Address: 456 New Life Road, Maternityville, MT 78901
Phone Number: +1 (234) 567-8901
Website: www.cityhealthmaternityclinic.com

Patient Information

Full Name: Emily Johnson
Date of Birth: 03/15/1988
Weeks of Gestation: 03/15/1988
Patient ID: 03/15/1988
Contact Number: 03/15/1988
Email Address: emily.johnson@email.com
Referred by Dr./Physician: Dr. Sarah Miller

Test Details

Date Sample Collected: 10/10/2023
Date of Report: 10/17/2023
Lab Technician: John Doe
Lab ID or Location: Lab-12345

NIPT Results

- **Fetal Chromosomal Analysis: (Select if detected)**

☐ Trisomy 21 (Down syndrome)

☐ Trisomy 18 (Edwards syndrome)

☐ Trisomy 13 (Patau syndrome)

☑ Sex Chromosome Aneuploidies

☐ Additional Findings (if any): _____

- **Fetal Sex Determination (optional):**

☐ Male

☑ Female

☐ Not Determined

- **Fetal Fraction Percentage:**

- 10_____% (A fetal fraction above the threshold indicates a sufficient amount of fetal DNA for analysis)

Interpretation

- **Risk Assessment:**

☑ Low Risk

☐ High Risk

☐ Indeterminate

- Please note that NIPT is a screening test and not diagnostic. Further diagnostic testing such as amniocentesis may be recommended for high-risk results.

Comments
Schedule a routine follow-up appointment in four weeks or as advised.

Recommendations

☐ Follow-up with genetic counseling

☐ Consider additional diagnostic testing

☑ Schedule follow-up appointment

☐ Other recommendations: Continue regular prenatal care and monitoring._____

Physician's Signature: _____ Date: 10/17/2023____

Patient Acknowledgment
I have been informed of the results and understand the recommendations provided.

Patient's Signature: _____ Date: 10/17/2023____