harmony®

performed in Canada

Dynacare®

NL Health Services

Criteria for Eligibility Form

Instructions: Please complete Patient Information and Indication Category I **or** II sections of the form and attach to the completed Harmony® Prenatal Test requisition.

PATIENT INFORMATION

Last Name _____

First Name _____

Health Ins. No. (MCP #) _____

Date of birth (Day/Month/Year) _____

INDICATION CATEGORY I

For investigation of trisomy 21, 18 or 13 ONLY, with appropriate pre-test counselling including a discussion of the limitations of the test.

And any one of the following:

- ☐ A maternal multiple marker screening test (eg. MSS/Quad etc.) positive for aneuploidy
- ☐ Women of advanced maternal age, defined as ≥ 37 years of age at expected time of delivery. In the context of in vitro fertilization, the maternal age is guided by the age at egg retrieval (whether own egg or donor egg)
- ☐ Twins with ultrasound demonstration of fetal heart activity in both
- ☐ Previous pregnancy or child with aneuploidy

Healthcare Professional Signature _____ Date (Day/Month/Year) _____

INDICATION CATEGORY II - ORDERING RESTRICTED TO GENETICS/MATERNAL FETAL MEDICINE

There are several situations where additional specialist consultation is necessary to determine whether NIPT is warranted and to provide appropriate pre and post-test counselling. **NIPT funding for the following indications must be submitted by a genetics or maternal fetal medicine (MFM) specialist.**

Risk Indicators:

A/

☐ Fetal congenital anomalies identified on ultrasound, which are suggestive of trisomy 21, 18 or 13.

Specify: _____

OR:

B/

☐ Risk of aneuploidy for trisomy 21, 18 or 13 greater than that of a positive maternal multiple marker screen.

- Women less than 37 years of age at expected date of delivery must have at least one other risk factor noted.
- The risk of aneuploidy can be calculated by including any combination of risk indicators including soft markers, biochemistry, maternal age, etc.

Please indicate all risk factors present:

☐ Soft markers (check all that apply):

☐ Absent/Hypoplastic nasal bone	☐ Increased nuchal translucency	☐ Short humerus
☐ Choroid plexus cysts	☐ Intracardiac echogenic focus / foci	☐ Ventriculomegaly
☐ Hyperechogenic bowel	☐ Pyelectasis	
☐ Increased nuchal fold	☐ Short femur	

☐ Maternal age at EDC: _____

☐ Other, specify: _____

OR:

C/

☐ NIPT for sex chromosome determination (at least one of the following):

- ☐ Risk of a sex-limited disorder
- ☐ Ultrasound findings suggestive of a sex chromosome aneuploidy
- ☐ Ultrasound findings suggestive of a disorder of sex determination (DSD)

OR:

D/

☐ Unfavourable diagnostic test (e.g. anhydramnios, active HIV/hepC)

Genetics or MFM specialist's name (Please print) _____

Specialist's Signature _____ Date (Day/Month/Year) _____