

Application form NACE[®] TEST, NACE[®]24 and NACE[®]24 EXTENDED

The fields marked with * are required to carry out the test

Patient's details		Prescribing doctor's details	
*Name		*Prescribing doctor	
*Surnames		*Prescribing doctor's email	
*Date of birth		*Name of centre	Telephone
Telephone	Uniq. Patient ID	Blood clinic details	
email		*Name of centre	Telephone
Test indications		Clinical information	
<input type="checkbox"/> Advanced maternal age <input type="checkbox"/> Abnormal ultrasound <input type="checkbox"/> Family or personal history of aneuploidy <input type="checkbox"/> High-risk combined screening Risk value _____ <input type="checkbox"/> Request by mother [Would you like to know the sex:] <input type="checkbox"/> YES <input type="checkbox"/> NO	*Gestational age: ____/____/____ CRN (Clinical Record Number) _____ Previous children <input type="checkbox"/> YES <input type="checkbox"/> NO *Pregnancy: <input type="checkbox"/> Singleton <input type="checkbox"/> Twin <input type="checkbox"/> Vanishing Twin Previous miscarriages <input type="checkbox"/> YES <input type="checkbox"/> NO *Date of blood sampling: ____/____/____	Type of pregnancy: <input type="checkbox"/> Natural <input type="checkbox"/> IVF Transferred embryos: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Egg donation Transferred embryos: <input type="checkbox"/> 1 <input type="checkbox"/> 2 Weight: ____ kg. Height: ____ cm.	
*Mark the appropriate option for your patient with a ✓			
Singleton and twin pregnancy		Singleton pregnancy only	
<input type="checkbox"/> NACE [®] <ul style="list-style-type: none"> Detection of foetal aneuploidy in chromosomes 13, 18, 21 and determination of foetal sex Singleton pregnancies: includes aneuploidies for sex chromosomes Twin pregnancies: does not include aneuploidies for sex chromosomes. 	<input type="checkbox"/> NACE [®] 24 <ul style="list-style-type: none"> All chromosomes (including aneuploidies for sex chromosomes and foetal sex). 	<input type="checkbox"/> NACE [®] 24 Extended <ul style="list-style-type: none"> All chromosomes (including aneuploidies for sex chromosomes and foetal sex). Microdeletion panel (Syndromes: DiGeorge, Angelman, Prader-Willi, 1p36 deletion, Wolf-Hirschhorn and Cri-du-chat). 	
Doctor authorisation			
I certify that the patient and prescribing doctor's details given in this request form are accurate to the best of my knowledge and that I have requested the test indicated above based on my professional criteria. I have explained the limitations of this test and have answered any questions based on medical judgement. I understand that Igenomix may require further information and I agree to provide this information if necessary.			
*Doctor's signature _____		Date: ____/____/____	
Patient consent			
By signing this application form, I voluntarily ask Igenomix to perform the test indicated above. I have read and received a copy of the informed consent included in these pages. I have also been adequately informed of the risks, benefits and limitations of this test.			
*Patient's signature _____		Date: ____/____/____	

INFORMED CONSENT FOR NACE®, NACE® 24 AND NACE®24 EXTENDED

DESCRIPTION, PURPOSE AND ADVANTAGES OF ANALYSES

NACE® is a non-invasive prenatal test that analyses the most frequent chromosomal changes without putting the pregnancy at risk. It is recommended for pregnancies after week 10.

Every cell in the body has chromosomes, which are organized structures containing DNA and proteins. There are 24 different types of chromosomes in humans, numbered from 1 to 22, plus the sex chromosomes X and Y. Most of the cells contain a total of 46 chromosomes, 22 pairs and an XX pair for a female and an XY pair for a male. Both the sperm and the egg must have 23 chromosomes. Therefore, in a normal situation, when a sperm fertilizes an egg, the resulting embryo has 46 chromosomes in total.

Embryo aneuploidy (extra or missing chromosomes) may develop as a result of an abnormal egg (risk groups include women over the age of 35), an abnormal sperm (severe male factor), couples with balanced structural rearrangements (translocations and inversions), or due to a subsequent error during cell division. Chromosomal abnormalities can give rise to reproductive failure or prevent assisted reproductive treatment from resulting in pregnancy. They can also be responsible for miscarriages in the first trimester, foetal death, or newborns with chromosomal abnormalities. A common example of a chromosomal abnormality is Down's syndrome, which is caused by the presence of three copies of chromosome 21 instead of two. Other trisomies are associated with chromosomes 18 or 13. In the event of monosomy, one chromosome from a specific pair is present, instead of two, making up a total of 45. The most common monosomy is associated with chromosome X, also known as Turner Syndrome.

Information on the NACE® test: Trisomy 13, trisomy 18 and trisomy 21 are three common chromosome abnormalities that are normally due to the additional presence of a complete copy of chromosome 13, 18 and 21, respectively. Individuals with these disorders are characterised by having an intellectual disability and characteristic facial features, usually accompanied by other defects. There is currently no curative treatment for these disorders. The purpose of this genetic screening test is to detect foetal trisomy in chromosomes 13, 18, 21 in singleton and twin pregnancies. Furthermore, in singleton pregnancies, it also reports the foetal sex and analyses possible numerical alterations of sex chromosomes. In twin pregnancies, information is not given regarding the foetal sex or numerical alterations of the sex chromosomes. Information is only given on the presence or absence of the Y chromosome. The foetal sex is determined in twin pregnancies, but no information is given regarding numerical alteration of sex chromosomes. The NACE® test is based on a non-invasive method for the foetus that assesses the risk of foetal "chromosomal aneuploidy" by detecting free DNA circulating in the maternal plasma using latest generation sequencing technology and advanced bioinformatics analysis. Detection rates are very high which makes it possible to significantly reduce the number of invasive procedures (amniocentesis or chorionic villus sampling), thus avoiding unnecessary foetal loss or risk of miscarriage and/or intra-uterine infection.

Information on the NACE® 24 test: NACE® 24 is only valid for singleton pregnancies. In addition to the scope covered by the NACE® test (trisomy 13, 18, 21 and sex chromosomes), the aim of the NACE® 24 version is to additionally detect trisomies for the other chromosomes that make up the human karyotype (23 pairs of chromosomes). Abnormalities of certain chromosomes are associated with a high risk of miscarriage. The ability to identify these abnormalities offers valuable information that, in certain clinical situations, will help manage the pregnancy and/or prepare for newborn care. It can also help assess future risks and help monitor and manage future pregnancies.

Information on the NACE® 24 Extended test: In addition to the scope covered by NACE®24, the NACE® 24 Extended test is also able to identify six important genetic syndromes caused by microdeletions in chromosome regions 15q11.2, 5p15.2, 22q11.2, 1p36 and 4p16.3. Syndromes occurring due to microdeletions are disorders caused by the lack of tiny pieces of chromosomal material. Most of these microdeletions occur spontaneously or de novo, rather than being inherited from one of the parents. Therefore, they usually occur without any relation to family background and other factors, such as the age of the parents, are also unrelated. There is currently no curative treatment for these disorders.

The specificity and sensitivity of the technique used for the NACE®/NACE®24/NACE®24 Extended are quite high, with false positive (FP) and false negative (FN) detection rates under 1% for trisomy 21, with specificity in excess of 99% and sensitivity ranging from 87.5--100% for the other chromosomes and microdeletions analysed.

The rate of accuracy in determining the sex of the foetus (male or female) is 99% in singleton pregnancies. In single gestation cases that began as twins with an early loss of one of the foetuses, reliability in determining the foetal sex may be lower.

The foetal sex must coincide with findings in ultrasounds.

PROCEDURES, RISKS AND LIMITATIONS

The process for conducting the test is as follows:

1. Extraction of a blood sample.
2. Extraction of DNA from the biological sample.
3. Massive sequencing (NGS)
4. Bioinformatic analysis of the sequencing results (NGS).
5. Final review of result and issue diagnosis

To process the sample, the test request form will need to be correctly filled out. If this is not the case, the analysis may be put on hold until the information required has been given to the laboratory. The patient shall be given a period of 24 hours after the sample is received to provide the additional information required. Once this period has elapsed, the sample can be discarded.

Given the complexity of the genetic tests and the significant implications of the test results, the results obtained must be interpreted in conjunction with other clinical data, within the general context of a medical practice run by health professionals. The result reports are strictly confidential.

The biological sample –in this case, blood– to be used in the genetic test, will be obtained using standard techniques with little or no risk to the patient's health, such as side effects of blood extraction including mild pain, haematoma or, in rare cases, infection at the injection site or fainting.

The report of the NACE® test will be available no later than 10 business days following receipt of the sample at our facilities. The report of the NACE®24 test will be available no later than 10 business days following receipt of the sample at our facilities. The report of the NACE®24 Extended test will be available no later than 10 business days following receipt of the sample at our facilities. In all cases, delivery periods may be delayed if the sample needs to be retested or a new blood sample is required due to problems in sending the sample that are unrelated to Igenomix.

If the field 'Would you like to know the sex?', is not completed, the foetal sex will be communicated by default.

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Incidental findings. In extremely rare cases, the results of the NACE®/NACE®24/NACE®24 Extended tests may reveal what is known as incidental findings, i.e., clinically relevant genetic information that is beyond the aims of these tests. Examples of these cases include an XXX chromosomal abnormality or the presence of benign or malignant neoplasms in the mother. In these cases, Igenomix is authorised to contact your doctor to ensure the situation is adequately handled.

The main limitations of the NACE®/NACE®24/NACE®24 Extended tests are:

- a) These tests have a detection rate of nearly 100 % but are not diagnostic tests. For a definitive diagnosis, invasive prenatal testing involving karyotyping (analysis of all the chromosomes), prenatal arrays, or rapid screening for the chromosomes/microdeletions analysed in the NACE®/NACE®24/NACE®24 Extended test (QF-PCR or FISH techniques) is required.
- b) In some cases, the results may not be informative in the first sequencing analysis and therefore a second sequencing may be necessary, which would delay delivery of the results. On very rare occasions, due to a circulating foetal DNA percentage that is below the detection level for this technique, it is necessary to request a new sample of maternal blood.
- c) These tests are more accurate for the trisomy disorders analysed than the current first trimester screening. However, erroneous results may be obtained:
 - i. A positive result (abnormality detected) must be confirmed by an invasive procedure in order to be certain.
 - ii. A negative result (no normality detected) must be consistent with other clinical findings (ultrasounds, etc.) and does not completely rule out the presence of all types of genetic abnormalities in the foetus, birth defects or other diseases, tested or not.
- d) This test does not detect triploid syndrome.
- e) The accuracy of these tests may be compromised if there is:
 - i. maternal chromosomal aneuploidy;
 - ii. mosaicism (foetal or confined to the placenta).
 - iii. allogenic blood transfusion, transplant or stem cell therapy;
 - iv. vanishing twin syndrome;
 - v. multiple gestation (3 or more foetuses).
 - vi. Maternal cancer
 - vii. Chronic treatment with low-molecular-weight heparin. If this is your case, contact Igenomix before taking the test.
- f) The massive sequencing technique (NGS) used in this test does not detect other genetic disorders different to those outlined in the DESCRIPTION section of this consent (e.g. Monogenic diseases are not detected).

DATA PRIVACY, STORAGE AND RESEARCH USE OF SAMPLES

Your privacy is a priority for the Igenomix Group ("Igenomix"). Your identity and all data referring to your personal information will be confidential and only Igenomix personnel will be permitted access to this information, along with the relevant authorities when required by the laws of the applicable jurisdiction. You will find further information on the Igenomix Privacy Policy, along with all your rights at www.igenomix.com, or this information may be provided to you upon request by sending an email to privacy@igenomix.com.

We would like to inform you that your personal data will only be processed to: (1) Fulfil the obligations arising from the provision of the services contracted by you; (2) Check and guarantee the quality of the services provided (internal audits, quality controls, laboratory validation studies); (3) For educational purposes, provided that it remains anonymous throughout and you cannot be identified during the analysis of the data, which will be removed from any publication; (4) For research purposes, scientific publications and presentations, provided that it remains anonymous throughout and you cannot be identified during the analysis of the data, which will be removed from any publication; (5) Personally address any doubts or suggestions made by the patient during the process and monitor the proper performance and resolution of the test, including the indefinite retention of your data, except where local laws of the applicable jurisdiction state otherwise; and (6) Contact you in the future to request an evaluation of the services received, send commercial communications (including 'cross-selling' and 'upselling') from associated companies, and also to invite you to participate in market research and the development of new products.

You also declare that you understand and accept that you will not obtain, either now or in the future, any economic benefit for any research carried out, and that there is no intention to compensate you for the products developed from any research.

The sample will be analysed by Igenomix or an associated group selected by Igenomix on an international level. Igenomix reserves the right to carry out part or all of the analyses included in the test through Third Party Laboratories certified with recognised international quality standards, or failing this, they will be periodically assessed by Igenomix. Any results obtained in this way will be inspected by Igenomix and this circumstance will be indicated in the final report issued.

Pursuant to the laws on the Protection of Personal Data¹, the requesting party must have the patient's consent to perform the diagnostic tests requested and to process their data. You may, at any time, exercise your rights regarding access, rectification, opposition, erasure, automated decisions, limitation, portability, by sending an email to privacy@igenomix.com, providing proof of the requesting party's identity.

HAVING READ AND UNDERSTOOD THE FOREGOING, I AM AWARE OF:

The indications, procedure, success rate, risks and complications of the proposed treatment, as well as the financial cost of said test(s).

The fact that medical staff are at my disposal to expand on any aspect of the information that is not sufficiently clear to me.

I have understood the explanations given to me in clear and simple language, and the doctor who saw me allowed me to make comments, clarifying any issues I raised and informing me that I may freely withdraw my consent at any time.

I am satisfied with the information received and I freely consent to my blood sample being sent to the Igenomix facilities for the purpose of carrying out the test.

¹ For non-US patients: customers residing outside the United States under certain jurisdictions may at any time request to have their personal information deleted from our active databases, subject to the applicable laws and regulations in each jurisdiction. Although we can delete your personal information from our active databases, part or all of your personal information shall remain stored in back-up files for the purpose of complying with legal, regulatory or other requirements. Information that has already been coded and/or anonymised may not be recoverable or traceable for destruction, deletion or modification. If you wish to have your personal information removed from our active databases, please contact us at privacy@igenomix.com.

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