

Accreditation according  
DSTU EN ISO 15189:2015 (EN ISO 15189:2012, IDT)

## Examination results

Order date: **12.09.2022 16:30**Customer: **Test Testovych**Date of birth: **20.01.1977** Age: **45 Y 7 M** Gender: **Female**

3007092372

Parameter	Result	Unit	Reference range
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## Advanced Diagnostics

 High attention zone

**VERACITY, NIPT - minimum (13, 18, 21)  
for single, twin, surrogate pregnancy,  
pregnancy with a donor egg, from 10w.p.**

Gestational age (week of pregnancy): **14**NIPT RESULT: **VERY LOW RISK**Fetal fraction: **10.9** %Trisomy 13: *very low risk for trisomy 13*Trisomy 18: *very low risk for trisomy 18*Trisomy 21: *very low risk for trisomy 21*INTERPRETATION: *The result shows very low risk for all tested conditions*

Test method: *Targeted enrichment: probe-based hybridization of target regions of the cDNA library on chromosomes 13/18/21/X/Y and microdeletion regions. The Veracity-NIPT is based on the detection of cell-free DNA of placental origin in maternal blood. Crucial for a test result is the amount of cell-free fetal DNA in the maternal plasma of at least 3.0%. The Veracity-NIPT delivers reliable results from the 10th week of gestation and can also be applied with twin- or IVF/ICSI pregnancies. An elevated maternal body-mass-index or medication with heparin derivatives can have a negative impact on the fetal fraction and therefore can be responsible for a test failure resulting in a report without any statement. The specificity of the test for trisomies 13/18/21-99.98%. The sensitivities of the test for trisomies 13/18/21-100%.*

Information: *It is important to know that all NIPT methods are based on statistical algorithms and do not provide a direct analysis of fetal chromosomes. Therefore, it is not possible to differentiate i.e. a free or segmental trisomy. Fetal sex, determined by NIPT, should be confirmed by ultrasound evaluation. Chromosomal mosaicism, very small structural aberrations and polyploidy cannot be identified with the Veracity-NIPT. False-positive or false-negative results are rare, but possible due to the placental origin of cell-free DNA. Therefore, a negative NIPT result does not completely exclude the presence of a fetal trisomy. In case of a negative NIPT result and a coincidental abnormal fetal ultrasound, invasive prenatal diagnostics should be considered including intensive follow-up monitoring. Pathologic NIPT results should always be confirmed by amniocentesis, especially if an induced abortion is considered.*

Laboratory: *Medicover Genetics GmbH, Martinsried (Germany)*

Note:

Небилыцова О.В.