MEDGENOME CLARIA

MEDGENOME

CAP ACCREDITED COLLEGE of AMERICAN PATHOLOGISTS

Office Use

Order ID

Blood Sample ID

Sample Received D D M M Y Y

Sample Volume Tube-1 / Tube-2 ml Temp

Docket Number

CSE Signature

Non-Invasive Prenatal Screening Test (NIPT) - Requisition FORM

Please fill in English and in BLOCK LETTERS.

Patient Details

First Name*

Surname

Date of Birth* D D / M M / Y Y

Address

Email ID

Phone No

Clinician Details

Clinician Name*

Hospital Name

Address

Email ID

Phone No

Clinical Indications & Obstetrics Resume

Gestational Age* (on collection date) Wks Days

GA Calculated by ☐ LMP ☐ Ultrasound ☐ IVF

LMP* D D / M M / Y Y

EDD* D D / M M / Y Y

Maternal Weight* Kgs

Maternal Height* ☐ Ft.inch ☐ Cm

Gravida Para Abortions

Still Birth Live Issue

Consanguineous Marriage ☐ Yes / ☐ No

If yes., ☐ Uncle-Niece / First Cousins ☐ More Distant

History of Infertility ☐ Yes / ☐ No

☐ Singleton*

☐ Twins ☐ Monochorionic ☐ Dichorionic ☐ Don't know

☐ Multiple/Vanishing twins

☐ Spontaneous conception*

☐ IVF conception ☐ Self egg ☐ Donor egg ☐ Surrogate

If IVF conceived pregnancy: Age of mother at egg retrieval:_____

We do NOT accept vanished twin, multiple gestation with more than 2 fetuses.

Ultrasound Abnormalities ☐ Yes ☐ No

Is the mother a microdeletion carrier ? ☐ Yes ☐ No

Specify Chromosomal Abnormalities of Fetus (if known)

Family history of Chromosomal Abnormality

Others

Screening tests

First Trimester / Combined Screening (Risk score)

Nuchal Translucency: NT Measurement (mm) CRL(mm)

Triple Marker Screening (Risk score)

Quadruple Screening (Risk score)

Sample Information *

Date & time of Blood collection (10ml x 2 Streck tubes) D D / M M / Y Y H H / M M

Clinician Statement *

I attest that this patient has been informed about details of the test, its capabilities and limitations, and has given consent for this test.

Date D D / M M / Y Y Clinician Signature*

Test Request for*

Singleton

☐ MGM 1528 **Claria NIPT** (Trisomy 21, 18, 13 & Sex Chromosomal abnormalities)

☐ MGM 476 **Claria NIPT plus** (Trisomy 21, 18, 13 & Sex Chromosomal abnormalities and covers microdeletions : 22q11.2 deletion, 1p36 deletion, Cri-du-chat syndrome, Angelman syndrome & Prader-Willi syndrome)

Twins

☐ MGM 536 **Claria NIPT twins** (Trisomy 21, 18, 13)

All samples will be processed by counting method unless indicated otherwise

Check list *

☐ 2x10 ml Streck tubes of blood sample ☐ Date of collection

☐ Tubes Labelled ☐ Consent and T&C signatures

☐ D.O.B of pregnant women ☐ Signature of clinician

☐ Gestational age mentioned ☐ Test code

☐ Maternal weight ☐ Others report_____

* Indicates mandatory fields Please fill in fields marked in red

As per "Pre-Natal Diagnostic techniques(Regulation and prevention of Misuse) Act, 1994" the lab strictly does not determine the sex of the fetus

Lab Personal Signature

PATIENT CONSENT FORM

Test Details:

Claria NIPT Plus (Trisomies 21, 18 and 13, Monosomy X and Triploidy), Microdeletions (22q 11.2 deletion,1p36 deletion, Cri-du-chat syndrome (5p-), Angelman and Prader Willi syndromes).

Claria NIPT (Trisomies 21, 18 and 13, Monosomy X, Other Sex Chromosomal abnormalities)

Purpose of the test: The purpose of Non-Invasive Prenatal Screening Test (NIPT) is to screen the fetus for chromosome aneuploidies, including the specific whole extra or missing chromosomes, and if opted for five microdeletions. which are caused when a small piece of chromosome is missing. The conditions are listed below.
NIPT is performed on a maternal blood sample that contains DNA (genetic material) from both the mother and fetus. The fetal DNA tested comes from the placenta; this DNA is identical to the DNA found in the actual cells of the fetus in about 98% of all pregnancies. This is available for women who are at least 9 to 10 weeks pregnant.

Aneuploidies Evaluated

Trisomy 21 (Down Syndrome) caused by an extra copy of chromosome 21 is the most common genetic cause of intellectual disability. It occurs in about 1:800 births[1]. The affected individuals have some degree of intellectual disability, some have heart and/or other other organ defects that require surgery or medical treatment.

Trisomy 18 (Edward Syndrome) is known to occur in 1:7500 liveborns and causes severe intellectual disability[1]. Most babies have multiple severe birth defects. Many fetuses are miscarried or are stillborn. Of those born alive, most die before one year of age. Babies who survive have profound intellectual disabilities and growth and development problems.

Trisomy 13 (Patau Syndrome) is caused by an extra copy of chromosome 13 and occurs in about 1 in every 22,700 live born babies and causes severe intellectual disability[1]. Most babies with trisomy 13 have multiple severe birth defects of the brain and other organs. Many babies are miscarried or stillborn. Of those babies born alive, most die before one year of age.

Monosomy X (Turner Syndrome) is caused by a missing copy of the X chromosome This only affects girls and is found in about 1 in every 5000 liveborn babies. Affected girls are shorter and some have heart or kidney defects, hearing problems, and some have minor learning disabilities. Girls with Monosomy X may need[1,2] hormone treatments in early childhood and usually during puberty. As adults, most are infertile. At medgenome we don't determine the gender of the fetus.

Other Sex Chromosomal abnormalities (SCA) is caused by extra copy of chromosome X and/or Y. The overall incidence of SCA is 1 in every 400 live births[1]. Affected individuals have less severe phenotypes and usually gets diagnosed at the time of puberty. The indications for SCA are delayed puberty, primary or secondary amenorrhea, ambiguous genitalia and infertility[1].

Rare Autosomal Aneuploidies (RAAs) occurs when there is an extra or missing copy of any chromosome. These aneuploidies are rare but are often associated with miscarriage, still birth and early neonatal deaths. RAAs might be restricted to placental cells, this is known as confined placental mosaicism (CPM). CPM can cause implications to the pregnancy such as intrauterine growth retardation. The outcome varies depending on the chromosome involved. [under validation]

Copy Number Variations (CNVs) >7Mb occurs when a region of a chromosome is either deleted or duplicated. The size of these deletions/duplications varies from one individual to another. Large CNVs are known to cause disease[5]. The disease severity also varies depending on the number of significant genes present in the region[5]. [under validation]

Triploidy (Only in Claria NIPT Plus) is caused by an extra copy of all chromosomes. Abnormalities are often present in both the placenta and the fetus. It is found in about 1 in 1000 first trimester pregnancies[1]; most babies with triploidy are miscarried or stillborn. Of those rare babies born alive, most die before one year of age. Mothers carrying triploidy fetuses may also experience pregnancy complications such as pre-eclampsia, severe nausea, excessive bleeding, and placental disease.

Microdeletions evaluated (Claria NIPT Plus)

22q11.2 deletion syndrome is caused by a small missing piece of chromosome 22. It is found in about 1:2000 liveborn babies1. Children with 22q11.2 deletion syndrome have mild-to-moderate intellectual disability and delayed speech and language. Many have heart defects, immune system problems, and other health problems. Some people with 22q11.2 deletion syndrome have autism spectrum disorder and some later develop psychiatric illnesses such as schizophrenia.

1p36 deletion syndrome is caused by a small missing piece of chromosome 1 and is also called Monosomy 1p36. About 1:5000 live born babies has this condition[3]. Children with Monosomy 1p36 have moderate-to-severe intellectual disability. Most children have heart defects that may require surgery or medical treatment. Some children may need special physical and occupational therapies to help with weak muscle tone. About half of children with Monosomy 1p36 have seizures and/or behavioral problems; some have hearing and/or vision loss.

Angelman syndrome (15q11.2 deletion maternal) Angelman syndrome (AS) is caused either by a small missing piece of chromosome number 15 or from inheriting two copies of chromosomes 15 from one parent and none from the other. There are other rare cases as well. About 1 in 12000 live born babies has this condition[3]. Babies often have feeding difficulties and weak muscle tone. Children have severe intellectual disability and motor problems; most have a small brain and head size and some have seizures. Most children do not develop speech.

Prader-Willi syndrome (15q11.2 deletion paternal) is caused either by a small missing piece of chromosome number 15 or from inheriting two copies of chromosome15 from one parent and none from the other; there are other rare causes as well. About 1 in 10,000 liveborn babies has this condition[3]. Babies have weak muscle tone and feeding problems. Children with PWS typically have intellectual disability, behavior problems, and delayed motor and language development. They also have excessive appetites and may become obese and may develop diabetes.

References

1. Nussbaum et al 2007 Thompson and Thompson Genetics in Medicine (7th Ed) Oxford Saunders, Phila, A
2. Arthur Robinson & Mary GLinden, 1993, Clinical Genetics Handbook (2nd Ed). Cambridge, Mass, Blackwell Scientific Publications)
3. GeneReviews: http://genereviews.org/
4. Genetics Home Reference: http://ghr.nlm.nih.gov
5. Watson et al. (2014), "The Genetics of Microdeletion and Microduplication Syndromes: An Update", Annu Rev Genomics Hum Genet; 15: 215–244.

Methods: Two tubes of 10ml blood are required from the mother (pregnant woman). The samples are screened for only those chromosome abnormalities listed above.

Test Results Follow-up: Your test results will be sent to your doctor who ordered the test.

Overall test specifications for Claria NIPT Plus.

Condition	Sensitivity (95% CI)	Specificity (95% CI)	Positive predictive Value	Negative predictive Value
Trisomy 21[1,2,3,4]	>99% (CI 97.8-99.9)	>99% (CI 99.7-100)	91%	>99.99%
Trisomy 18[1,2,3,4]	98.2% (CI 90.4-99.9)	>99% (CI 99.7-100)	93%	>99.99%
Trisomy 13[1,2,3,4]	>99% (CI 87.2-100)	>99% (CI 99.8-100)	38%	>99.99%
Monosomy X[1,2,3,4]	94.7% (CI 74.0-99.9)	>99% (CI 99.7-100)	50%	>99.99%
Triploidy[5,6]	>99% (CI 66.4-100)	>99% (CI 99.5-100)	5.3%	>99.99%
22q11.2 deletion syndrome[7,8,9]	90.0% (CI 55.5-99.5)	>99% (CI 98.6-99.9)	20%	99.97-99.99%
1p36 deletion syndrome[7,8]	>99% (CI 2.5-100)	>99% (CI 99.1-100)	7.17%	99.98-99.99%
Angelman syndrome[7,8]	>95.5% (CI 77.2-99.9)	>99% (CI 99.1-100)	10%	>99.99%
Cri-du-chat syndrome[7,8]	>99% (CI 85.8-100)	>99% (CI 99.1-100)	2.50%	>99.99%
Prader-Willi syndrome[7,8]	93.8% (CI 69.8-99.8)	>99% (CI 99.1-100)	5%	>99.99%

Positive Predictive Value is the likelihood that diagnostic testing will confirm a High Risk result. PPV provided is NOT personalized, but calculated from a published study of 17,885 women. PPV for an individual specimen will vary based on prior risk.

References

1. Nicolaides KH et al. Prenat Diagn. 2013 June;33(6):575-9
2. Pergament E et al. Obstet Gynecol. 2014 Aug;124(2 Pt 1):210-8
3. Ryan A et al. Fetal Diagn Ther. 2016;40(3):219-223
4. Dar P et al. Am J Obstet Gynecol. 2014 Nov;211(5):527.e1-527.e17
5. Nicolaides KH et al. Fetal Diagn Ther. 2014;35(3):212-7.
6. Curnow KJ et al. Am J Obstet Gynecol. 2015 Jan;212(1):79.e1-9
7. Wapner RJ et al. Am J Obstet Gynecol. 2015 Mar;212(3):332.e1-9
8. Martin et al. Clin Genetics. 2017 Jul 11
9. Norvez A et al. The European Human Genetics Conference, ESHG. Copenhagen, Denmark. May 27–30, 2017.

As per "Pre-Natal Diagnostic techniques(Regulation and prevention of Misuse) Act, 1994" the lab strictly does not determine the sex of the fetus

Overall test specifications for Claria NIPT

Claria NIPT Singleton

	Trisomy 21	Trisomy 18	Trisomy 13
Sensitivity[1]	>99% (130/130)	>99% (41/41)	>99% (26/26)
2-sided 95% CI[2]	97.1%, 100%	91.4%, 100%	87.1%, 100%
Specificity	99.9% (1982/1984)	91.4%, 100%	87.1%, 100%
2-sided 95% CI[2]	99.63%, 99.97%	99.64%, 99.97%	99.64%, 99.97%

Claria NIPT	Cytogenetic results			
	XO	XXX	XXY	XYY
Percent concordant	90.50%	100%	100%	91.70%

Claria NIPT Twins

	Trisomy 21	Trisomy 18	Trisomy 13
Sensitivity	96.4%	95.7%	93.6%
2-Sided 95% CI	(86.4%, 98.9%)	(68.3%, 99.4%)	(64.1%, 98.9%)
Specificity	99.9%	> 99.9%	> 99.9%
2-Sided 95% CI	(99.8%, > 99.9%)	(99.9%, > 99.9%)	(99.9%, > 99.9%)

1. Basic screen performance is reported for trisomy 21, 18 and 13 and excludes 16 samples with known mosaics and an additional 49 samples affected with anomalies for the genome wide screen only (Illumina VeriSeq NIPT Solution v2 Package Insert. 2019) .
2. CI based on Wilson's score method.

Results

LOW RISK result indicates a reduced chance that your fetus has the listed chromosome abnormalities but it cannot guarantee normal chromosomes or a healthy baby.

HIGH RISK result indicates an increased likelihood your fetus has one of the chromosome abnormalities tested but does not confirm that the fetus has that abnormality. The recommended follow-up is a prenatal diagnostic test such as FISH, Karyotype and Microarray. Your clinician will explain the test results and recommend follow-up steps to you, which may include a referral to a genetic counsel and/or to prenatal diagnostic testing.

NIPT is not a diagnostic test –it will not confirm any of these chromosome abnormalities. It will only provide the risk for each of these in your current pregnancy. Therefore, DECISIONS ABOUT YOUR PREGNANCY SHOULD NEVER BE MADE BASED ON THESE SCREENING RESULTS ALONE AS THEY NEITHER CONFIRM NOR RULE OUT THE PRESENCE OF A CHROMOSOME ABNORMALITY IN THE FETUS. Follow-up diagnostic testing should always be performed during pregnancy or at birth to confirm or rule out a chromosome abnormality or microdeletion.

There is a chance that the sample(s) submitted will not return results; in this case, a second sample from the mother may be requested to repeat the test at no charge or a refund maybe provided. In cases where low fetal fraction (fetal fraction less than 3%) is observed a repeat sample may (charged separately) or may not (late gestational age) be requested as low fetal fraction is mostly a biological issue. In rare cases, MedGenome may not be able to return results on a subsequent sample.

Turn around time: The turn around time for Claria NIPT (singleton and twins) is 7 working days, Claria NIPT plus (singleton) is 15 working days.

Test Limitations and Risks:

1. Although this screening test will detect the majority of pregnancies in which the fetus has one of the above listed chromosome abnormalities, it cannot detect 100% of pregnancies with these conditions. The results of this test do not eliminate the possibility of other abnormalities of the tested chromosomes, and it does not detect abnormalities of untested chromosomes, other microdeletions, genetic disorders, birth defects, or other complications in your fetus.
2. Inaccurate test results or a failure to obtain test results may occur due to one or more of the following rare occurrences: courier/shipping delay; sample mix-up; laboratory failure or error; biological factors such as but not limited to: sample contamination or degradation, too little DNA from the fetus in the maternal blood sample, mosaicism (a mixture of cells with normal and abnormal chromosomes) in the fetus, placenta or mother, other genetic variants in the mother or fetus, or an unrecognized twin or vanishing pregnancy; other circumstances beyond our control; or unforeseen problems that may arise. About 1 to 2%of all pregnancies have confined placental mosaicism, a situation in which the placenta has cells with a chromosome abnormality while the fetus has normal chromosomes or vice versa. This means that there is a chance that the chromosomes in the fetus may not match the chromosomes in the DNA screened.
3. If you (mother of pregnancy) and your partner are related by blood (e.g. cousins), or if the mother of the pregnancy has parents who are related to each other by blood (e.g.,first cousins), there is a small chance that this test may not be able to return results on your pregnancy [Claria NIPT plus].
4. If you, (mother of the pregnancy) are found to be a carrier of one of the microdeletions on this panel, this screen will not be able to return results on the fetus. Finding out you carry a microdeletion may cause feelings of anxiety or concern about your own health and well-being as well as concerns about your pregnancy. If you know you carry one of the microdeletions on this screen, it is recommended that you use another form of testing to detect the presence or absence of that microdeletion in your fetus and not Claria NIPT plus.
5. This test is not intended to identify pregnancies at risk for open neural tube defects.

Confidential Reporting Practices: MedGenome Labs gives high importance in maintaining the confidentiality of patient information. Test results will be reported only to the ordering Clinician(s) or genetic counsellor (where allowed) or on patient request.

Compensation and reimbursement: If the NIPT test result is 'low risk' and the baby has been diagnosed with Trisomy 21/Trisomy 18/ Trisomy 13 for singleton pregnancy by specialists within one year of the test, the pregnant woman may be compensated against a claim for a maximum of INR 10L.

Disposition or Retention of Samples: MedGenome Labs may also keep your left over de-identified samples/data for ongoing research and development. You and your heirs will not receive any payments, benefits, or rights to any resulting products or discoveries. If you do not want your de-identified sample/data used, you may send a request in writing to MedGenome Labs at Attn: Sample Retention, 258/A, 3rd Floor, Narayana Nethralaya, Narayana Health City, Hosur Road, Bangalore – 560099 within 60 days after test results have been issued and your sample will be destroyed.

PATIENT CONSENT STATEMENT

I have read or have had read to me the above informed consent information about the Non-Invasive Prenatal Screening test (NIPT) performed by MedGenome labs. I have had theopportunity to ask questions to my Clinician regarding this test, including the reliability of test results, the risks, and the alternatives prior to my informed consent. I request and authorize MedGenome Labs to test my sample(s) for the chromosome abnormalities listed above. I also understand that while the laboratory takes utmost care to report results within the turn around time, there maybe unforeseen circumstances when the turn around time is exceeded. In such circumstances, MedGenome will not be liable. MedGenome is not liable for any sample damage that may occur during collection and transport from the collection center/hospital to MedGenome laboratory facility. I acknowledge that I must sign the consent statement located on the test requisition form that will be sent with my sample(s) to MedGenome Labs. I fully understand that the gender of my fetus will not be reported

Fetal incidental findings

1. Fetal autosomal aneuploidies other than trisomy 13, 18 or 21 will be communicated, stating the possibility of confined placental mosaicism in the report. Further invasive test (amniocentesis) followed by confirmatory diagnostic testing can be offered.
2. Fetal sub-chromosomal abnormalities will be communicated when they are considered technically valid. Further invasive test (amniocentesis) followed by confirmatory diagnostic testing can be offered to confirm the finding.

Signature of the Expectant mother * | Date * | Signature of Father of Pregnancy | Date

As per "Pre-Natal Diagnostic techniques(Regulation and prevention of Misuse) Act, 1994" the lab strictly does not determine the sex of the fetus

Payment Details:

- DD Drawn in favor of "MedGenome Labs Limited" payable at Bangalore
- Online transfer or Direct Cash Deposit to MEDGENOME Labs Ltd, Account no: 50200012336370, IFSC Code: HDFC0000140, HDFC RT Nagar Branch, Bangalore.
- Kindly notify prior to deciding the mode of payment and also confirm transactions at the earliest

☐ Demand Draft
☐ Cheque
☐ Online Transfer
☐ Direct Cash Deposit

TERMS & CONDITIONS

DELIVERY OF SERVICES
Subject to receipt of the Fees, MedGenome Labs Limited ("MedGenome") shall carry out the test(s) as requested in this Test Requisition Form ("Test(s)") in conformity with the applicable industry standards.

REPORTS
The Report shall be generated within such Turn-Around-Time ("TAT") as mentioned in this Test Requisition Form(s). However, such TAT may vary depending upon the complexity of Test(s) requested. MedGenome shall under no circumstances be liable for any delay beyond the aforementioned TAT.

It is hereby clarified that the Report(s) generated from the Test(s) do not provide any diagnosis or opinion or recommends any cure in any manner. MedGenome hereby recommends the Patient and/or the guardians of the Patients, as the case may be, to take assistance of the Clinician or a certified physician or doctor, to interpret the Report(s) thus generated. MedGenome hereby disclaims all liability arising in connection with the Report(s).

FEES
The fees specified by MedGenome for the Test(s) ("Fees") are exclusive of taxes. All taxes and levies as required under applicable laws shall be charged in addition to the Fees.
The mode of payment of Fees and the details of the Test(s) for which the payment of Fees is made should be notified to MedGenome in advance either through telephone by dialing its Toll Free No.1800 103 7590 or through e-mail by mailing at its e-mail id customersupport@medgenome.com.

All Fees should be paid in conformity with the 'Payment Details' provided in this Test Requisition Form. MedGenome shall not be liable towards the Fees if the payment for the Fees is not made in the manner provided herein. In order to avoid any confusions pertaining to the payment of Fees and the Test(s) requested, the Patients and/or their guardians are hereby advised to confirm the successful remittance of the Fees and the details of the Test(s) requested at the earliest either through telephone by dialing the Toll Free No or through e-mail by mailing at the email provided below.

ROLES & RESPONSIBILITIES

By signing this Test Requisition Form, in addition to the warranties made by the Clinician elsewhere in this Test Requisition Form, the Clinician warrants that the information provided in this Test Requisition Form is true and correct and that the Clinicians have the necessary rights, permissions and authorities to extract the Sample from the Patient and provide the sample for the Test(s) to MedGenome.

While MedGenome can help in sample shipment it is not liable for any sample damage that may occur during collection and transport from the collection center/hospital to MedGenome laboratory facility.

In case of inadequate samples or failure of QC with respect to sample provided for test, MedGenome may seek for further samples to perform the tests. If further samples are not provided for tests, then MedGenome will deduct the costs incurred for such sample provided and refund the balance amount.

The Clinicians and/or the Patient and/or the guardians of the Patients, shall jointly and severally, defend, indemnify and hold harmless MedGenome from and against any claim, liability, demand, compensation, loss, damage, judgment or other obligation or right of action which may arise out of and/or in relation to the Test(s) requested in this Test Requisition Form and/or this Terms & Conditions.

TERM
This Terms & Conditions shall become effective from the date of signing of this Test Requisition Form and shall remain valid, effective and binding till delivery of the Report.

LIMITATION OF LIABILITY
In addition to any disclaimer of liability provided by MedGenome elsewhere in this test Requisition Form, MedGenome further disclaims any and all liability arising out of any claim, liability, demand, compensation, loss, damage, judgment or other obligation or right of action which is suffered by the Clinician and/or the Patient and/or the guardians of the Patients or any third party whether directly or indirectly for relying on the Report(s) and/or in relation to the Test(s) availed under this Test Requisition Form(s).

GOVERNING LAW, JURISDICTION AND DISPUTE RESOLUTION
These Terms and Conditions and this Test Requisition Form shall be governed by and construed in accordance with Indian law and the courts in Bangalore shall have exclusive injunctive jurisdiction. In the event of any dispute, controversy or claim whatsoever arising from these Terms and Conditions and/or this Test Requisition Form, the parties shall undertake to make every effort to reach an amicable settlement within fifteen (15) days upon reference of the dispute by any party through discussions among the concerned representatives of parties, failing which the dispute, controversy or claim shall be settled by Arbitration by a Sole Arbitrator appointed by the 'President-Arbitration Centre-Karnataka', Bangalore as per Indian Arbitration and Conciliation Act, 1996 as amended from time to time. The venue of arbitration shall be Bangalore and it shall be conducted in English language. The award passed by the Sole Arbitrator shall be final and binding upon the parties.

NOTICE
All notices, statements or other communication required or permitted to be given or made shall be in writing and in English language. Such notices will deliver by hand or sent by prepaid post with recorded delivery, or facsimile transmission addressed to the intended recipient at the address mentioned in this Test Requisition Form.

INDEPENDENT PARTIES
All parties effected hereunder are independent entities and neither of the parties are an agent, employee or joint venture of the other and they shall not represent themselves as such to any third parties.

REFUND
Refund of fees for any reason has to be claimed by the Patient or the guardians of the Patients within 90 days from the date of delivery of report.

MedGenome Order Cancellation & Refund Policy v2.6 :

Order can be cancelled at any time and will be governed by the below policy:

1. All Karyotype, Multiple Myeloma FISH & CD34 Flowcytometry test:
   - If cancelled ***within 2 hours*** from order booking - ***Full refund***
   - If cancelled ***after 2 hours*** from order booking - ***No refund.***
2. Cancellations of rest of the test within 24 hours from order booking: **Full refund**
3. Cancellations of rest of the test between 24-48 hours from order booking: **50% refund**
4. Cancellations of rest of the tests after 48 hours of order booking: **No refund**

Declaration

☐ I/We have read and understood the terms and conditions mentioned above and unconditionally accept them as binding on me/us. I/We hereby undertake to pay all the charges raised on account of services availed. I/We further declare and undertake that the above information provided by me/us is true and correct in all aspects.

Signature of Expectant mother*:

Date*:

Place :