Non-Invasive Prenatal Testing (NIPT) Report

Patient information	
Full name: Emily Johnson	
Date of birth: March 15, 2988	**Weeks of gestation:** 11
Patient ID: xxxxxxxx	**Contact number:** 123-4567
Email: emily.johnson@email.com	**Referred by (Dr. / Physician):** Dr. Sarah Miller
Test details	
Medical institution name: City Health Maternity Clinic	
Medical institution address: 456 New Life Road, Maternityville, MT 78901	
Medical institution contact information: +1 (234) 567-8901 | www.cityhealthmaternityclinic.com	
Lab technician: John Doe	**Lab ID or location:** Lab-12345
Date sample collected: October 10, 2024	**Date of report:** October 17, 2024

NIPT results

Fetal chromosomal analysis
Instructions: Select if detected.
☐ Trisomy 21 (Down syndrome)
Notes:
☐ Trisomy 18 (Edwards syndrome)
Notes:
☐ Trisomy 13 (Patau syndrome)
Notes:
☐ Monosomy X (Turner syndrome)
Notes:

☐ Triploidy
Notes:
☑ Sex chromosome aneuploidies
Notes:
☐ Other tests:
Notes:
Fetal fraction percentage
A fetal fraction above the threshold indicates a sufficient amount of fetal DNA for analysis
Results: 10 %
Fetal sex determination (optional)
◉ Female ○ Male ○ Not determined

NIPT result interpretations

Risk assessment
◉ Low risk ○ High risk ○ Indeterminate
Additional notes
Schedule a routine follow-up appointment in four weeks or as advised.

Physician signature: Jane Doe	**Date:** October 18, 2024
Patient signature: Emily Johnson	**Date:** October 18, 2024