



DATE OF SAMPLE COLLECTION

11/01/2025

PATIENT

Patient Last Name Natarajan Patient First Name Arun
Date of Birth (MM/DD/YY) 05/12/1965 Cell Phone (678) 428-8663
Patient Email fernsguy512@yahoo.com
Address 171 Archer Way
City Chicago State IL Zip 60655 Biological Sex ☐ F ☒ M

PAYMENT INFORMATION

☒ Bill Insurance ☐ Bill Clinic ☐ Bill Clinic / CA Prenatal Program PDC ☐ Self Pay

Insurance Company V.H.C. - see attached Group Number
Member ID SS05678159 Member Name SAME PATIENT
Prior Authorization Number (If Applicable) Compassionate Care Ref # (If Applicable)

PREGNANCY INFORMATION

Trimester ☐ Not pregnant

OR egg donor/surrogates as, check ALL that apply.
How ☐ of placenta / amniotic

☐ Surrogate or egg donor pregnancy Age of genetic mother at egg retrieval:

PANORAMA PRENATAL SCREEN (SEE DETAILS ON BACK)

☒ Panorama ☐ Enroll patient in the Automatic Redraw Program (see back)

☒ PANORAMA PRENATAL PANEL PLUS 22Q.11.2

Chromosomes 13, 18, 21, X and Y; Triploidy; 22q.11.2 deletion
22q is not available for dizygotic twins or egg donors.

☐ I DO NOT want 22q.11.2

☒ I WANT fetal sex reported

☐ PANORAMA EXTENDED PANEL (Not available for twins or egg donors)

Panorama Prenatal Panel PLUS 5 additional microdeletions

☐ I WANT fetal sex reported

ICD-10 CODE (REQUIRED):

- ☒ O09.511 Supervision of elderly primigravida, 1st trimester
☐ O09.512 Supervision of elderly primigravida, 2nd trimester
☐ O09.521 Supervision of elderly multigravida, 1st trimester
☐ O09.522 Supervision of elderly multigravida, 2nd trimester
☐ Z34.81 Supervision of other normal pregnancy, 1st trimester
☐ Z34.82 Supervision of other normal pregnancy, 2nd trimester
☐ O28.5 Abnormal chromosomal & genetic finding on antenatal screening of mother

Other ICD-10 Code (see back)

VISTARA PRENATAL SCREEN (REQUIRES ADDITIONAL PATERNAL FORM - SEE DETAILS ON BACK)

☒ Vistara ☐ VISTARA

Both biological parental samples are required and must be received within 5 days of maternal sample with additional Paternal form.
Vistara cannot be performed for twin pregnancies or cases where there has been a fetal demise, vanishing twin, or reduction.

ICD-10 CODE (REQUIRED): ☐ O28.3 Ultrasound finding

Describe or attach abnormal ultrasound findings

Other ICD-10 Code (see back)

PATIENT ACKNOWLEDGMENT

By my signature I acknowledge I have read and agreed to the Patient Acknowledgment for testing on the back page. New York residents must check this box ☐ and sign below to permit Natera to use their samples for research and development; otherwise, their samples will be discarded within 60 days of testing. By providing the information included herein, I understand and agree I may be contacted via, e.g., e-mail, or cellular or home phone, by text message, automatic telephone dialing system, or computer assisted technology for treatment purposes, billing/collect matters, and health-related products, services, or studies. I understand that my treatment, payment, enrollment, or eligibility for benefits is not conditioned on my providing such consent, and I opt out at any time or by checking this box ☐ Horizon patients: I would like to share my Horizon test results with my partner and his/her healthcare provider for treatment purposes.

Partner Name:

DOB:

Patient Signature

Date

Phone Number: (For "Partner Auto Enroll" Program)

AUTHORIZATION TO RECEIVE INFORMATION ON HEALTH-RELATED PRODUCTS AND SERVICES

I hereby authorize Natera or Cord Blood Registry (CBR) to contact me about health-related services provided by CBR who acquired Natera's Evercord business and with whom Natera has an ongoing relationship. This authorization will remain in effect unless revoked in writing to Natera's Privacy Officer, but Natera may rely on this authorization until it receives such revocation. Any revocation of this authorization will not affect any use or disclosure made prior to receipt of the revocation. I understand that Natera / CBR will not condition my treatment, payment, enrollment or eligibility for benefits on this authorization.

Patient Signature

Date

Accession ID# or MRN:



Please place collection kit barcode here.

ORDERING CLINICIAN / REPORT RECIPIENTS

Texas Oncology - Baytown (15755)

Clinic or Organization

Enter or Check Clinician Name Below

Phone

☐ BRAD COOPER ☐
☐
☐
☐
☐
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☐

Additional Report Recipient

Fax

STATEMENT OF MEDICAL NECESSITY (REQUIRED)

I confirm the testing ordered herein is medically necessary and this patient has been informed of the details of the genetic test(s) ordered, including the risks, benefits, and alternatives, has consented to testing as may be required by law, including NY CVP §79-1, as applicable.

Ordering Clinician / Authorized Signature

FAMILY BACKGROUND

Personal / family history of a genetic disorder (list specific conditions and person affected)

Patient ethnicity

- ☐ African American/Black ☐ Ashkenazi Jewish ☐ East Asian
☒ Hispanic/Latin American ☐ Sephardic Jewish ☐ Southeast Asia
☐ Mediterranean ☐ French Canadian ☐ South Asian
☐ Caucasian/Non-Hispanic White ☐ Other

HORIZON CARRIER SCREEN (SEE DETAILS ON BACK)

Horizon™

Is patient currently using hormonal medications? ☐ Y ☐ N

SINGLE OPTIONS (Select ONLY if no panels are chosen)

- ☐ DMD ☐ CF ☐ SMA ☐ ADD Tay-Sachs Enzyme* (to any options or as single opt)

*Requires an additional blood tube when ordered; Saliva is not available for Enzyme

PANEL OPTIONS

- ☐ H4 SMA, CF, Fragile X, DMD
☐ H14 Pan-ethnic Standard

To order test options below, select H14 PLUS add-on option below:

- AND ☐ ADD 13 genes for Pan-ethnic Medium (H27)
AND ☐ ADD 92 genes for Comprehensive Jewish (H106)
AND ☐ ADD 260 genes for Pan-ethnic Extended (H274)

Note: Males are not screened for X-linked conditions; gene count will vary.

ICD-10 CODE (REQUIRED):

- ☐ Z84.81 Family history of carrier of genetic disease
☐ Z31.430 Female: genetic disease carrier status for procreative management
☐ Z31.440 Male: genetic disease carrier status for procreative management
☐ Z81.0 Family history of intellectual disabilities
☐ Z31.5 Encounter for genetic counseling

Other ICD-10 Code (see back)

PRENATAL VISIT NOTE

Texas Oncology - Baytown

123 N 432nd St, New York, NY, 48392-2423

Patient: Aswin M Natarajan

MRN: 123456789

DOB: 05/12/1965 (Age 35)

Date of Visit: July 21, 2025

Provider: Dr. Amanda Chen, MD (NPI:34635342)

CHIEF COMPLAINT

Routine prenatal visit - second trimester follow-up

OBSTETRIC HISTORY

- **Gravida:** 2 **Para:** 1-0-0-1
- **LMP:** January 14, 2025
- **EDD:** October 21, 2025 (by LMP and confirmed by 12-week ultrasound)
- **Current GA:** 27 weeks 0 days
- **Trimester:** Second trimester

CURRENT PREGNANCY

- **Conception:** Natural conception
- **Pregnancy type:** Twins pregnancy
- **Prenatal care initiated:** 8 weeks gestation
- **Previous complications:** None to date

VITAL SIGNS & MEASUREMENTS

- **Blood pressure:** 118/72 mmHg
- **Heart rate:** 88 bpm
- **Temperature:** 98.6°F
- **Weight:** 142 lbs (pre-pregnancy weight: 128 lbs)
- **Weight gain to date:** 14 lbs
- **Fundal height:** 26 cm (appropriate for gestational age)

PHYSICAL EXAMINATION

- **General appearance:** Well-appearing pregnant female in no acute distress
- **Fetal heart rate:** 148 bpm via Doppler
- **Uterine size:** Consistent with dates
- **Cervical exam:** Deferred (not indicated)
- **Extremities:** Trace pedal edema bilaterally, no calf tenderness

LABORATORY/DIAGNOSTIC RESULTS

- **Glucose challenge test (24 weeks):** 118 mg/dL (normal, <140)
- **Hemoglobin (24 weeks):** 11.2 g/dL
- **Urinalysis:** Negative for protein, glucose, nitrites

ASSESSMENT & PLAN

Primary Diagnosis: Intrauterine pregnancy at 27 weeks gestation

1. **Routine prenatal care:** Continue current prenatal vitamins, return in 4 weeks
2. **Weight management:** Appropriate weight gain, continue current diet and exercise
3. **Fetal monitoring:** Schedule growth ultrasound at 32 weeks
4. **Patient education:** Discussed signs of preterm labor, when to call office
5. **Next visit:** August 18, 2025 (31 weeks gestation)

PATIENT COUNSELING

Patient counseled on normal pregnancy expectations for third trimester, importance of fetal movement monitoring, and preparation for delivery. No concerning symptoms reported. Questions answered regarding childbirth classes and pediatrician selection.

Electronically signed by: Dr. Amanda Chen, MD (NPI:34635342)

Date/Time: 07/21/2025 14:30

aetna® NAP

NAP Vendor Logo
or
Network Logo

Customer
Logo

CUSTOMER NAME LINE ONE
CUSTOMER NAME LINE TWO

Issuer (88840) 0140860054
GRP: 111111-011-00101

ID W1234 56789

NAME

01 JOSEPH Q SAMPLE
02 JANE Q SAMPLE
03 JACKSON Q SAMPLE
04 JESSE Q SAMPLE
05 JEFFERY Q SAMPLE

RX BIN# 610502

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