Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Ontario

Negotiations and Accountability Management Division
Health Services Branch
370 Select Drive
PO Box 168
Kingston ON K7M 8T4

Division des négociations et de la gestion de la responsabilisation
Direction des services de santé
370 Select Drive
PO Box 168
Kingston ON K7M 8T4

PRIVATE & CONFIDENTIAL

RE: Patient Name - _____, Health Number - _____,

The Ministry of Health and Long-Term Care has received your application for funding of non-invasive prenatal testing (NIPT) on behalf of the above named patient.

The Provincial Council for Maternal and Child Health (PCMCH) has recommended specific indications for NIPT funding. **Please complete either Section A or B and return that page with the application to the ministry by fax at 1-866-221-3536**.

Please confirm that your patient meets the following indications by checking the appropriate boxes:

Section A. For investigation of trisomy 21, 18 or 13 ONLY.

☐ Singleton gestation (NIPT in the context of twin pregnancies requires consultation with a geneticist or maternal fetal medicine specialist (see Section B)) with appropriate pre-test counselling including a discussion of the limitations of the test.

And any one of the following:

☐ A maternal multiple marker screening test (eg. FTS/IPS/Quad etc.) positive for aneuploidy.

☐ Women of advanced maternal age, defined as ≥ 40 years of age at expected time of delivery.

☐ Fetal nuchal translucency (NT) ≥ 3.5mm

☐ Pregnancy history of aneuploidy / previous child with aneuploidy.

Physician signature _____ Date _____

Please note: If the OOC health services are received without written prior approval from the ministry, then the services are not eligible for reimbursement and all costs associated with these services will be the sole responsibility of the patient.

RE: Patient Name - _____, Health Number - _____,

Section B. There are several situations where additional specialist consultation is necessary to determine whether NIPT is warranted and to provide appropriate pre and post-test counselling. **NIPT funding for the following criteria must be submitted by a genetics or maternal fetal medicine (MFM) specialist.**

Risk Indicators:

☐ Fetal congenital anomalies identified on ultrasound, which are suggestive of trisomy 21, 18 or 13. Specify:_____

OR:

☐ Risk of aneuploidy for trisomy 21, 18 or 13 ≥ than that of a positive maternal multiple marker screen.

- Women less than 40 years of age at expected date of delivery must have at least one other risk factor noted.
- The risk of aneuploidy can be calculated by including any combination of risk indicators including soft markers, biochemistry, maternal age, etc.

Please indicate all risk factors present

☐ Twin pregnancy (*if additional risk factors are identified, submit one checklist per fetus)*

☐ Soft markers (check all that apply):

	Absent nasal bone		Increased nuchal fold / edema
	Choroid plexus cysts		Increased nuchal translucency
	Clinodactyly		Intracardiac echogenic focus / foci
	Cystic hygroma		Short femur
	Hyperechogenic bowel		Short humerus
	Hypoplastic nasal bone		Ventriculomegaly

☐ Maternal age _____

☐ Other, specify: _____

OR:

☐ NIPT for sex chromosome determination (at least one of the following):

☐ risk of a sex-limited disorder

☐ ultrasound findings suggestive of either a sex chromosome aneuploidy

☐ ultrasound findings suggestive of a disorder of sex determination (DSD).

Genetics or MFM specialist's name (Please print) _____

Signature _____ Date _____