

1 SELECT TEST PANEL *Samples with no test panel selected will not be processed.*

2 SAMPLE COLLECTION DATE & BARCODE

UNITY™ Complete Carrier Screen + Aneuploidy NIPT

- Carrier Screen**
CFTR • SMN1 • HBB • HBA1 • HBA2
Fetal risk assessment will be provided for all positive carrier test results
- Aneuploidy NIPT**
T13 • T18 • T21 • sex chromosome abnormalities

- opt out fetal sex** (still includes aneuploidy NIPT)
- add fetal RhD** for RhD-negative mothers (includes aneuploidy NIPT)

SAMPLE REQUIRED



MM-DD-YYYY

PLACE BARCODE HERE

CLINICAL INDICATION *Select all that apply. Codes below are not exhaustive, provide additional as necessary.*

- Screening for genetic disease carrier status Z31.430 Z31.440
- Supervision, normal first pregnancy Z34.00 Z34.01 Z34.02
- Supervision, other normal pregnancy Z34.80 Z34.81 Z34.82
- Family history Z84.81 Z84.89
- Family history of intellectual disabilities Z81.0
- Family history of chromosomal abnormalities Z82.79
- Antenatal screening for chromosomal anomalies Z36.0
- Encounter for Rh incompatibility status Z31.82
- Supervision of elderly primigravida O09.511 O09.512 O09.513
- Supervision of elderly multigravida O09.521 O09.522 O09.523
- Supervision of other high risk pregnancies O09.891 O09.892
- Abnormal findings O28.3 O28.5 O28.9

Other ICD-10 codes: *Include patient's chart notes:*

Ordering Healthcare Provider(s) *List and select all that apply:*

PROVIDER AUTHORIZATION

By submission of this requisition and accompanying sample(s), I authorize and direct you to perform the testing indicated above including the sample redraw and repeat testing when requested by BillionToOne Laboratory. (I) certify that the ordered tests are reasonable and medically necessary by the diagnosis or treatment of this patient's condition. (I) certify that, to the extent required by laws of this state in which I provide healthcare services, I have obtained the patient's informed consent to undergo any testing requested hereby, and to have the results reported to me and (I) agree to provide you a copy of this person's signed and dated consent per your request.

 Provider Signature MM-DD-YYYY
Date of Authorization

PATIENT INFORMATION *Shaded fields must be completed.*

 First Name MI Last Name

 Sex Maternal Weight lbs

 Date of Birth MM-DD-YYYY

 Estimated Due Date MM-DD-YYYY

twin triplets or higher
 egg donor / gestational carrier pregnancy
 not pregnant

By providing the info below, I agree to receiving SMS or email related to test status:

 Cell Phone Email Address

 Street Address Apt / Unit / Suite

 City State Zip Code

Ethnicity *Select all that apply:*

- Asian French Canadian or Cajun other
- African or African American Hispanic unknown
- Ashkenazi Jewish Northern European/White

Family History *If there is a family history of genetic disorders, indicate below:*

- Family history of unexplained intellectual disability or autism spectrum disorder

Reported Carrier

- Patient: alpha thal sickle cell / HBB SMA CF specify variant _____
- FOB: alpha thal sickle cell / HBB SMA CF specify variant _____

PATIENT ACKNOWLEDGEMENT

I hereby authorize the release to BillionToOne of any medical and insurance information necessary to process claims for services provided by BillionToOne. I hereby authorize BillionToOne to pursue all necessary appeals of full or partial denials of payment in relation to services provided by BillionToOne.

 Patient Signature MM-DD-YYYY
Date of Acknowledgement

CLINIC INFORMATION *Shaded fields must be completed.*

 Clinic Name

 Clinic Phone Clinic Fax Clinic Account Number

Additional Notes

BILLING INFORMATION *Select one option and provide necessary details.*

Bill to Insurance

Bill to Patient

Bill to Client

Attach copy of insurance card

 Insurance Company Name Group ID # Member ID #

 Policy Owner Name Policy Owner DOB

 Relationship to Policy Owner *Select one*

Self Dependent Other

 Email Address

TEST PANEL	TEST DETAILS	SAMPLE REQUIREMENT
UNITY™ Complete	Carrier Screen + Aneuploidy NIPT • see conditions below	3 X 10 mL tiger-top Streck cell-free DNA BCT® blood tube Fill to the top (≥ 8mL)
UNITY™ Carrier Screen <i>Fetal risk assessment will be provided for all positive carrier test results</i>	Carrier Screen for • cystic fibrosis <i>CFTR</i> • spinal muscular atrophy (SMA) <i>SMN1</i> • hemoglobinopathies (sickle cell disease, alpha / beta thalassemia) <i>HBB, HBA1, HBA2</i>	1 X 10 mL tiger-top Streck cell-free DNA BCT® blood tube Fill to the top (≥ 8mL)
UNITY™ Aneuploidy	Aneuploidy NIPT for • trisomy 21, 18, 13 • sex chromosome aneuploidy (monosomy X, XXY, XXX, XYY) • opt-out fetal sex reporting • add fetal Rh(D) reporting	2 X 10 mL tiger-top Streck cell-free DNA BCT® blood tube Fill to the top (≥ 8mL)

Fetal risk assessment for recessive conditions (sgNIPT) is only performed on singleton pregnancies ≥10 weeks gestation. sgNIPT cannot be performed for egg donors or gestational carriers.

ICD-10 DIAGNOSIS CODES

Codes below are not exhaustive, provide additional as necessary.

UNITY™ Carrier Screen with Reflex sgNIPT

CPT 81220, 81329

Female for testing for genetic disease carrier status for procreative management	Z31.430
Male for testing for genetic disease carrier status for procreative management	Z31.440
Supervision of normal first pregnancy, unspecified trimester	Z34.00
Supervision of normal first pregnancy, first trimester	Z34.01
Supervision of normal first pregnancy, second trimester	Z34.02
Supervision of other normal pregnancy, unspecified trimester	Z34.80
Supervision of other normal pregnancy, first trimester	Z34.81
Supervision of other normal pregnancy, second trimester	Z34.82
Supervision of normal pregnancy, unspecified, first trimester	Z34.91
Family history of intellectual disabilities	Z81.0
Family history of carrier of genetic disease	Z84.81
Family history of other specified conditions	Z84.89

UNITY™ Aneuploidy NIPT

CPT 81420

Supervision of elderly primigravida, first trimester	O09.511
Supervision of elderly primigravida, second trimester	O09.512
Supervision of elderly multigravida, first trimester	O09.521
Supervision of elderly multigravida, second trimester	O09.522
Supervision of other high risk pregnancies, first trimester	O09.891
Supervision of other high risk pregnancies, second trimester	O09.892
Abnormal ultrasonic finding on antenatal screening of mother	O28.3
Abnormal chromosomal and genetic finding on antenatal screening of mother	O28.5
Maternal care for (suspected) chromosomal abnormality in fetus	O35.1XX0
Maternal care for (suspected) chromosomal abnormality in fetus, fetus 1	O35.1XX1
Encounter for Rh incompatibility status	Z31.82
Encounter for antenatal screening for chromosomal anomalies	Z36.0
Family history of chromosomal abnormalities	Z82.79

BEFORE YOU SHIP, please ensure that:

✓ **Test panel and ICD10 codes** are selected

✓ **Pregnancy due date** is filled

✓ **Insurance card copies** are included (front and back)

✓ **Requisition is signed**

✓ **Tubes are labeled with name, DOB, collection date**

Call 1-800-463-3339 (1-800-GO FEDEX) to schedule a pickup

