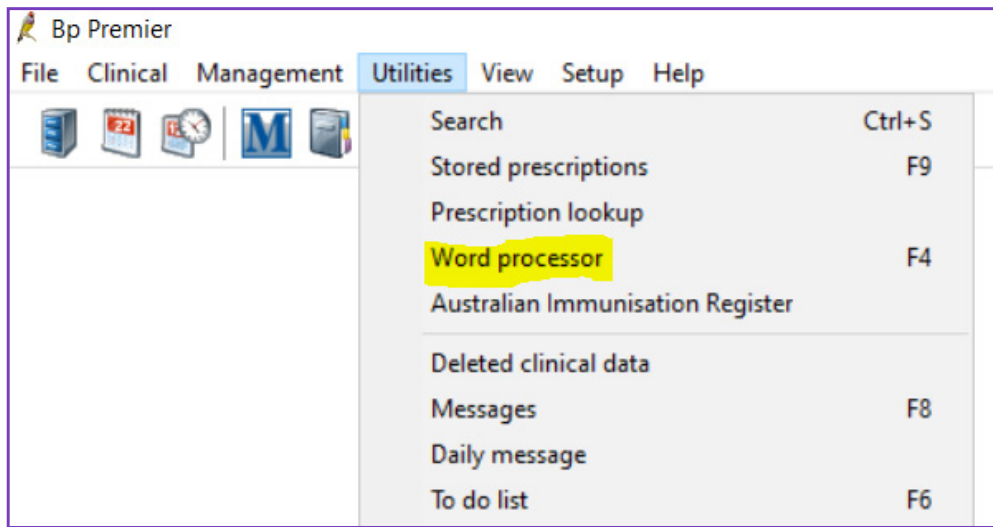


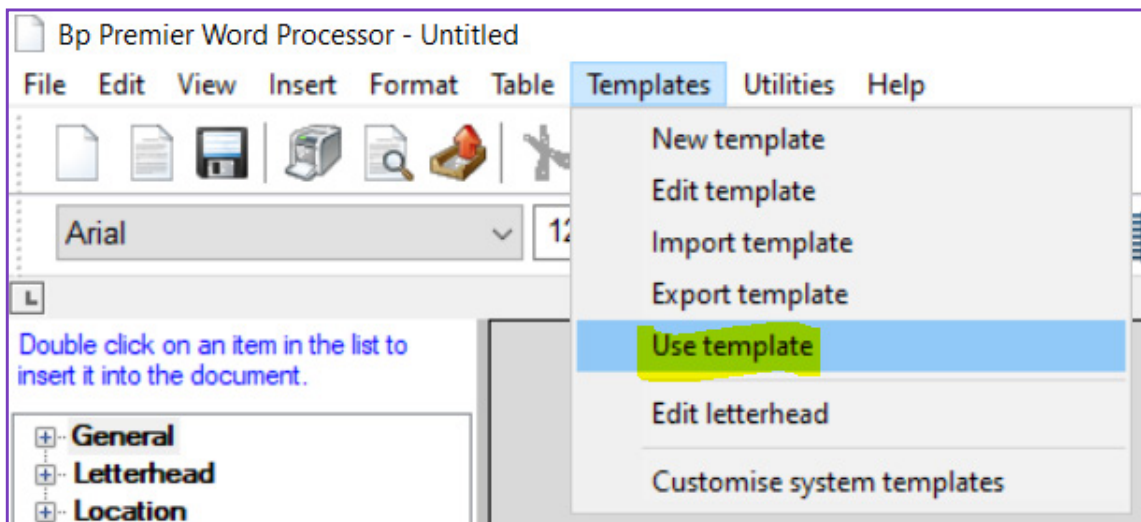
How to open and run your template in Best Practice

Step 1. Open Best Practice

Step 2. Click Utilities > Word Processor



Step 3. Templates > Use Template



Step 4. Select the Template and click Open

Word Processor templates

All Custom Supplied Include all states

Template name	All users	Type
Harmony NIPT Request Form	Yes	Custom
Harmony/NIPT – Sonic Genetics	Yes	Supplied
Hearing Services Program Medical Certificate	Yes	Supplied
HeartSTART Referral	Yes	Supplied
Holter Monitoring Referral Form	Yes	Supplied
K10 Assessment	Yes	Supplied
Lung Function Referral (Cleveland)	Yes	Supplied
Mater Hill Gastroenterology Direct Access Referral	Yes	Supplied
Medical certificate	Yes	Supplied
Medical certificate of capacity - progress	Yes	Custom
MedicAlert	Yes	Supplied
Mental Health Assessment	Yes	Supplied
Mental Health Plan	Yes	Supplied
Mental Health Treatment Plan - ADULT	Yes	Supplied
Mental Health Treatment Plan - CHILD	Yes	Supplied
Mental Health Treatment Plan - MIN REQ	Yes	Supplied
Mental Health Treatment Plan - SOAP	Yes	Supplied
Mini Nutritional Assessment	Yes	Supplied
My Health For Life	Yes	Supplied
NCSEMG Request QNeurology (Dr N. Sheikh)	Yes	Supplied
NIPT - Sullivan Nicolaides Pathology	Yes	Supplied
Non-invasive prenatal test – percept NIPT	Yes	Supplied
NSW Certificate of capacity/fitness	Yes	Supplied

Rename template Delete template

Open Cancel

Step 5. Select the patient

Select patient

Select a patient from the database

Search for:

Name	Age	Address	D.O.B.
------	-----	---------	--------

Select Cancel

Step 6. Fill out the form

Harmony NIPT Request Form

Copy reports to

Copy Reports to - Name

Copy Reports to - Address

Collectors Name

Test Menu Options: MANDATORY Test Menu Options: MANDATORY

Harmony prenatal test T21,T18,T13 - Yes

Fetal Sex - Singleton Yes

Fetal Sex - Twins Yes

Monosomy X - Singleton Yes

Sex Chromosome Aneuploidy - Singleton Yes

22q11.2 deletion (additional charge) - Singleton Yes

Date of Collection

Time of Collection

Time of Collection AM/PM

Is this a recollection

Account Number

Clinical Information: MANDATORY Clinical Information: MANDATORY

Gestational information - LMP

< Back Next > Cancel

Step 7. Template has been Generated

Harmony NIPT request form



performed in Australia

Place barcode ID here



antenatal.clinicallabs.com.au
VIC NSW SA NT | Western Australia
1300 453 688 | 1300 367 674

Patient Information	Clinic Information
Patient Name (Surname/ Given) Mrs. Rhonda Joan Ahern Date of Birth 06/06/1938 Address 17 Seymour Ave State VIC Post Code 3204 Phone Medicare Number 3500158284 2 Weight (kg) Testing th Height(m) Testing th	Referring Clinician Mrs. Psychology Specialist Address 1 Best Avenue City Practiceland State QLD Post Code 4001 Phone 0744444444 Fax 0744444445
Patient Signature for Informed Consent	Clinician Signature
My signature on this form indicates that I have read, or had read to me, the informed consent on the back of this form. I understand the informed consent and give permission to Australian Clinical Labs to perform the laboratory Non-Invasive Prenatal Screening tests selected. In the rare circumstance that Australian Clinical Labs is unable to perform the test, I give permission to Ariosa Diagnostics to perform the Harmony Prenatal Test. I have had the opportunity to ask questions and discuss the capabilities, limitations, and possible risks of the test(s) with my healthcare provider or someone my healthcare provider has designated. I have been informed that 1-2% of tests do not yield a result due to biological factors; and that a second collection may be required. I know that if I wish, I may obtain professional genetic counselling before signing this consent. Patient Signature X Date: 14/04/2021	I attest that my patient has been fully informed about details, capabilities, and limitations of the test(s). The patient has given full consent for this test. Clinician Signature X Date 14/04/2021
Billing Information	Clinical Information
Please tick one: <input checked="" type="checkbox"/> Cheque <input type="checkbox"/> Visa <input checked="" type="checkbox"/> Mastercard <input type="checkbox"/> Money Order <input type="checkbox"/> Commercial Client (Billor Code 1234567890) <input checked="" type="checkbox"/> Pay over phone (call centre) Receipt # 1234567890 <small>For Cheques and Money Orders, please make payable to Australian Clinical labs</small> Patient relationship to person paying for test: [] Self [] Spouse [X] Other Please bill my credit card for \$Testing the length o Card Number Testing the length of this fie Expiry Date 14/04/2021 Cardhold Name (please print) Testing the length of this fie	Test Menu Options <input checked="" type="checkbox"/> Harmony Prenatal Test (T21, T18, T13) Optimal Add On Tests - Please mark any additional test options requested: <input type="checkbox"/> Fetal Sex** <input type="checkbox"/> Monosomy X ^{1,2**} <input checked="" type="checkbox"/> Sex Chromosome Aneuploidy Panel ^{1,2**} <input type="checkbox"/> 22q11.2 ¹ (additional cost applicable) <small>¹ Singletons only ² Fetal sex not reported **no extra charge</small>