المختبر المرجعي الوطني
National Reference Laboratory
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NON-INVASIVE PRENATAL TESTING REPORT

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

NIFTY®

PATIENT AND PROVIDER INFORMATION

●SINGLETON

Patient Name: ${patientName}	**Hospital/Clinic:** ${hospitalName}	**Referring Clinician:** ${doctorName}
Date of Birth: ${patientBirthday}	**Gestational Age:** ${gestationalWeeks}	**EDC:** ${patientEdd}
Patient ID: ${oldSampleNum}	**Sample Collection Date:** ${collectDate}	**Sample Received Date:** ${receivedDate}

RESULTS

Fetal Fraction (≥3.5%): ${fetalFaction}%

TRISOMY 21	TRISOMY 18	TRISOMY 13	Y Chromosome
${testChr21}	${testChr18}	${testChr13}	${Yflag}
Probability: ${testChr21P}	Probability: ${testChr18P}	Probability: ${testChr13P}	

OTHER FINDINGS

XO	XXX	XXY	XYY
${XO}	${XXX}	${XXY}	${XYY}

ABOUT THE TEST: NIFTY® is a non-invasive prenatal screening test for aneuploidies that works by isolating the cfDNA (including both maternal and fetal DNA) from a maternal blood sample and performing low-coverage whole genome sequencing using Next Generation Sequencing technology. The unique reads of each chromosome are calculated and compared to an optimal reference control sample. Data is analyzed using BGI's proprietary bioinformatics algorithms, and the assessment produced is for the conditions tested only. Only qualified healthcare professionals can order the test, and patients should always be accompanied by them to review the results for further evaluation and diagnosis.

DISCLAIMER: NIFTY® is a screening test, NOT a diagnostic test. Posttest counseling is recommended when the NIFTY report indicates that a patient is at high risk. The results are for informational use. The possibility of false positive/negative results cannot be ruled out. Corresponding results will be reported as supplementary information only when opted in for testing. The Y chromosome detection provided in this report cannot be used for diagnosis of fetal sex or gender-related diseases and is only used as additional information for reference. The performance of Other Findings has not been fully validated, but the data in the table below can be used for reference. Potential sources of an inaccurate test result may include but are not limited to: maternal/fetal/placental mosaicism, low fetal fraction, blood transfusion, transplant surgery, stem cell therapy, heparin therapy, and/or abnormal karyotype of biological parents or surrogates. The test result is specific to the tested sample and should always be interpreted by a qualified professional in the context of clinical and familial data. The test result cannot be used as the sole basis for diagnosis or other pregnancy management decisions.

Performance Only for Reference

CONDITION	SENSITIVITY	SPECIFICITY	REFERENCE
T21	99.17%	99.95%	Ultrasound Obstet Gynecol. 2015 May;45(5):530-8.
T18	98.24%	99.95%	
T13	100%	99.96%	
Fetal Sex	99.53%	99.20%	J Matern Fetal Neonatal Med. 2014 Dec;27(18):1829-33.

CONDITION	SENSITIVITY	SPECIFICITY	PPV	REFERENCE
XO	75%	99.9%	23.53%	BMC medical genomics vol. 5 57. 1 Dec. 2012 Chinese medical journal vol. 133,13 (2020): 1617-1619.
XXX	N/A	N/A	70%	
XXY	100%	100%	75%	
XYY	100%	100%	80%	

The data in the table is based on historical literature and internal data, and only reflects past detection, not the actual condition of the tested sample nor the promised value.

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Technical Director of Cytogenetics

Report Date: ${createTime}