## CYSTIC FIBROSIS, SPINAL MUSCULAR ATROPHY, & FRAGILE X

**Timing of testing**

This test can be done before or during pregnancy (at any time).

**Does the test need to be repeated in each pregnancy?**

No, this test is not typically repeated unless you request that it is.

**Are there medical treatments available in pregnancy that can help the baby?**

Amniocentesis can diagnosis these diseases in the baby, but there are no treatments currently available during pregnancy.

## NUCHAL TRANSLUCENCY (NT)

**Timing of testing**

This test can only be done early in pregnancy (roughly 12 weeks).

**Does the test need to be repeated in each pregnancy?**

Yes, the risk for each pregnancy is different.

**Are there medical treatments available in pregnancy that can help the baby?**

If further testing confirms problems with the baby, you may be offered additional medical treatments during pregnancy.

## TRISOMY 13. TRISOMY 18, TRISOMY 21 (DOWN SYNDROME) (Harmony)

**Timing of testing**

This test can be done any time after 10 weeks of pregnancy.

**Does the test need to be repeated in each pregnancy?**

Yes, the risk for each pregnancy is different.

**Are there medical treatments available in pregnancy that can help the baby?**

If further testing confirms problems with the baby, you may be offered additional medical treatments during pregnancy.

**OVER**

## CYSTIC FIBROSIS, SPINAL MUSCULAR ATROPHY, & FRAGILE X

**Cost***

This test will be billed to your insurance. If your insurance does not cover the cost of this test, the lab company** will NOT bill you for payment. If you receive a bill from NxGen, please call Lori Sanford at 614-579-7783.

For additional information please see the pamphlet given as part of this packet.

## NUCHAL TRANSLUCENCY (NT)

**Cost***

This test will be billed to your insurance. If your insurance does not cover the cost of this test, you will be billed approximately $250.00.

**What is this test looking for?**

The nuchal translucency is a non-invasive test to screen for risk of Down syndrome, congenital heart defects and certain other birth defects. It is done by performing an ultrasound to measure an area at the back of the baby's neck. If this measurement is greater than the 95th percentile, it may mean there is a higher risk of certain birth defects.

This test may be done by itself or in combination with the Harmony test.

**What information does this test provide that other ultrasounds do not?**

Information from this test may detect problems not seen on the 8-week ultrasound, and may find problems early than your 20-week ultrasound.

## TRISOMY 13. TRISOMY 18, TRISOMY 21 (DOWN SYNDROME)

**Cost**

This test will be billed to your insurance. If your insurance does not cover the cost of this test, the lab company will NOT bill you for payment. If you receive a bill, please call Ariosa Lab at 1-800-848-4436.

For additional information about Harmony, please see the pamphlet given as part of this packet.

*Cost information verified as of 9/1/2014.
**Your insurance company may provide an EOB (explanation of benefits) outlining what they have paid the lab company. This is NOT a bill.