

[Clinic Name]  
[Clinic Address]  
[Phone Number]  
[Date]

Patient Name: [Patient Full Name]  
Date of Birth: [DOB]  
Date of Collection: [Collection Date]

# Non-Invasive Prenatal Testing (NIPT) Results

Dear [Patient Name],

The results of your Non-Invasive Prenatal Testing (NIPT) are now available. This screening test analyzes cell-free DNA in your blood to assess the risk of certain chromosomal conditions in the developing fetus.

**Result Summary:** [Low Risk / High Risk / Inconclusive]

## Specific Findings:

- Trisomy 21 (Down Syndrome): [Low Risk / High Risk]
- Trisomy 18 (Edwards Syndrome): [Low Risk / High Risk]
- Trisomy 13 (Patau Syndrome): [Low Risk / High Risk]
- Sex Chromosome Analysis: [Normal / Atypical / Not Requested]
- Fetal Sex: [Optional: Male / Female]

## Interpretation:

[Insert clinical interpretation here. For example: A "Low Risk" result indicates a significantly decreased probability that the fetus is affected by the conditions listed above. It does not guarantee the absence of all genetic disorders or birth defects.]

## Next Steps:

[Insert recommended next steps, such as: Routine prenatal care / Consultation with a genetic counselor / Diagnostic testing options like CVS or Amniocentesis.]

If you have any questions or would like to discuss these results in further detail, please contact our office at [Phone Number] to schedule an appointment.

Sincerely,

[Provider Name/Signature]  
[Provider Title]