

Aneuploidy Screening Survey Form

* Required

1. Clinician Name & hospital affiliation * _____
2. Contact Details (Email and number) * _____
3. Which chromosomal aneuploidy screening test do you prefer? * _____
4. What factors mainly decide choice of above test? *
 Accessibility Affordability Ease of testing Education (Awareness)
5. whom do you offer NIPT to? *
 High risk pregnancies Based on affordability Twin gestation
 I do not offer NIPT All patients
6. Would you prefer NIPT if there is a twin pregnancy (irrespective of affordability)? * Yes No
7. Do you advise NT scan before NIPT? * Yes No
8. Do you think NIPT screens only for chromosomal abnormalities? * Yes No
9. Do you think NIPT is a confirmatory/ Diagnostic test? * Yes No
10. What could be the possible reasons for your patients accepting NIPT? *
 Reassurance Avoid risk associated with invasive testing Other: _____
11. What could be the probable reasons for your patients declining NIPT? *
 Prefer invasive / confirmatory testing Cost Accessibility
12. Which NIPT would you prefer to offer? *
 NIPT for common aneuploidies (13, 18, 21 and sex chromosomes)
 NIPT Comprehensive (All 23 Chromosomes)
 NIPT Comprehensive + common Microdeletions
13. Do you think Pre and Post-test genetic counseling is an important requisite for offering NIPT? *
 Yes Not necessary