

MaterniT | [®]
21 PLUS



MaterniT® 21 PLUS

**Designed for
every pregnant
patient, because
every pregnant
patient matters.**

Results for all patients

Lapcorp is your one - source laboratory, supporting your pregnant patients by combining expertise in prenatal screening, genetic counseling and diagnostic testing.

MaterniT helps you screen every patient with confidence, delivering ease of use for your practice and improved access to screening for your patients.

By definition, any screening test can produce a false positive result. After performing more than three million prenatal cfDNA screen over the last decade - including over 100,000 genome-wide and over 65,000 twin/triplet test- we know that not all positive are create equally.

The mosaicism Ratio result, only available with materniT 21 PLUS (at not extra cost), help differentiate between a positive result the is more likely to be a true positive, and one with an a increased chance to be a false positive.

MaterniT 21 PLUS screening features

MaterniT 21 PLUS Core Test	Estimated Live Births Affected
Fetal sex (optional)	N/A
Trisomy 21 (Down syndrome)	1 in 700 ²
Trisomy 18 (Edwards syndrome)	1 in 5,000 ³
Trisomy 13 (Patau syndrome)	1 in 16,000 ⁶
SEX CHROMOSOME ANEUPLOIDIES* (SCA) opt-in, Singleton only	
45,X (Turner syndrome)*	1 in 2,500 (females) ³
47,XXY (Klinefelter syndrome)*	1 in 650 (males) ⁶
47,XXX (Triple X syndrome)*	1 in 1,000 (females) ⁷
47,XYY (XYY syndrome)*	1 in 1,000 (males) ⁸

ENHANCED SEQUENCING SERIES* (ESS) Clinically relevant microdeletions and trisomy opt-in

22q (DiGeorge syndrome)*	1 in 4,000 ⁹
5p (Cri-du-chat syndrome)*	1 in 20,000 to 50,000 ¹⁰
1p36 deletion syndrome*	1 in 5,000 to 10,000 ¹¹
15q (Prader-Willi syndrome)*	1 in 10,000 to 30,000 ¹²
15q (Angelman syndrome)*	1 in 12,000 to 20,000 ¹³
11q (Jacobsen syndrome)*	1 in 100,000 ¹⁴
8q (Langer-Giedion syndrome)*	Rare ¹⁵
4p (Wolf-Hirschhorn syndrome)*	1 in 50,000 ¹⁶
Trisomy 16*	Rare (almost all cases result in miscarriage) ¹⁷
Trisomy 22*	Rare (almost all cases result in miscarriage) ¹⁸

With a blood draw from you as early as nine weeks into your pregnancy, the MaterniT® 21 PLUS test can screen for certain chromosomal abnormalities that could affect your baby's health and development, providing you with more information earlier in your pregnancy.

What it screens for—and why

Like most noninvasive prenatal tests (NIPT), MaterniT 21 PLUS screens for certain chromosomal abnormalities called trisomies, including trisomy 21 (Down syndrome), trisomy 18 (Edwards syndrome), and trisomy 13 (Patau syndrome). But it digs deeper, screening for certain sex chromosome aneuploidies (SCAs, abnormal numbers of X or Y chromosomes) and select microdeletions (missing parts of chromosomes). While rare, these chromosomal abnormalities can have profound consequences in the life and health of your child. Detecting this information early can help your doctor recommend specialized care for you and your baby, before and after delivery

The MaterniT 21 PLUS test detects the following chromosomal abnormalities:

TRISOMIES		SCAS*	
Trisomy 21 (Down syndrome)		45,X (Turner syndrome)	
Trisomy 18 (Edwards syndrome)		47,XXY (Klinefelter syndrome)	
Trisomy 13 (Patau syndrome)		47,XXX (Triple X syndrome)	
Trisomy 16*		47,XYY (XYY syndrome)	
Trisomy 22*			

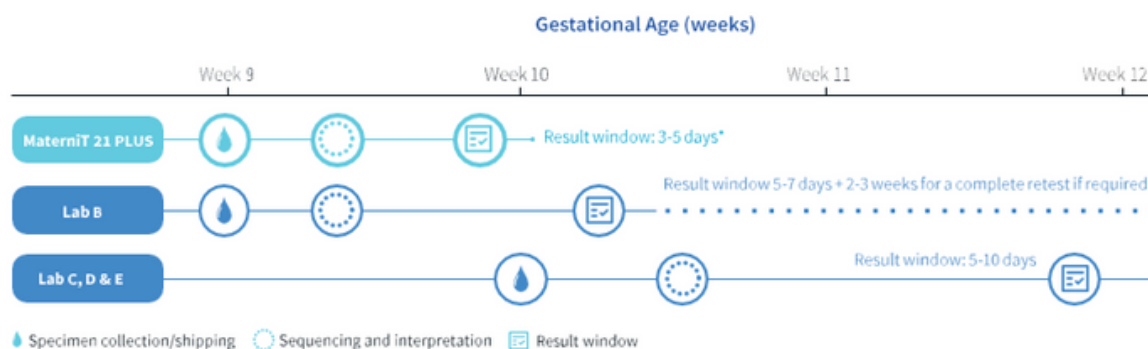
MICRODELETIONS	
22q (DiGeorge syndrome)*	11q (Jacobsen syndrome)*
5p (Cri-du-chat syndrome)*	8q (Langer-Giedion syndrome)*
1p36 deletion syndrome*	4p (Wolf-Hirschhorn syndrome)*
15q (Prader-Willi syndrome; Angelman syndrome)*	

* Reported as an additional finding. Talk to your doctor about your options.

Why “noninvasive?”

There are many ways to get this information, including methods such as serum screens and diagnostic procedures such as amniocentesis. As a noninvasive prenatal test, MaterniT 21 PLUS is different from both. It has higher detection rates than serum screening¹ (determined to be 97.9% positive predictive value for trisomy 21 in a high-risk cohort²), and requires only a blood draw from the mother; amniocentesis requires withdrawing fluid from around the developing baby. Most women who get the MaterniT 21 PLUS will screen negative for chromosomal abnormalities and may not require further testing. However, any patient with a positive test result may be offered genetic counseling and/or diagnostic testing for confirmation of test results.

Designed for every pregnant patient, because every pregnant patient matters.



Rapid results, low failure rates. When time is critical, your choice is MaterniT 21 PLUS

Test failures and patient redraws add unnecessary cost and time and may create anxiety for patients and healthcare providers if decisions are pushed later into pregnancy. MaterniT 21 PLUS has very low published non-reportable rates and will typically return results within 3-5 days starting at 9 weeks into pregnancy.



GENOME-Flex high risk pathway

Once a prenatal cfDNA screen has been run and billed to insurance, future screening options for the provider become limited should anomalies be suspected later in pregnancy. A diagnostic procedure is recommended according to clinical practice and society guidelines, but this option may not be desired by the patient. MaterniT 21 PLUS provides an alternative pathway to rapidly resequence previously run MaterniT 21 PLUS samples using the deeper sequencing power of MaterniT GENOME. Often no redraw is required, results are available in approximately 72 hours, and a different insurance billing path is followed.