



#### **SAFE**

It is not traumatic and completely free of abortion risks.



#### **SIMPLE**

A blood sample from mother's arm is enough for the analysis of circulating fetal DNA.



#### **ACCURATE**

High sensitivity and reliability of the test (99.9% for the main aneuploidies).



#### **INNOVATIVE**

FetalDNA is developed by Altamedica specialists and it is analyzed completely in Italy with a patented technology.



#### **FAST**

Results are available within 5 working days (8 for the Total Screen) starting from the arrival of the sample at the Molecular Genetics Laboratory.



### **EASY TO UNDERSTAND**

NEGATIVE: no anomalies POSITIVE: specific anomalies are indicated in the report.

10+

# For further information and assistance please send an email to commerciale@altamedica.it



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FetalDNA TOTAL SCREEN is performed after the 10th week of pregnancy, even in the case of twin pregnancies or assisted fertilization

www.fetaldnatotalscreen.it | info@fetaldnatotalscreen.it

MOD-FTOSE Rev.2 del 30/03/2022

## **TOTAL SCREEN**

The most complete genetic screening

**FOR THE FETUS** 

**FOR THE MOTHER** 



It is the most innovative non-invasive prenatal screening test based on the analysis of free fetal DNA circulating on maternal blood.

An investigation that goes beyond all the NIPT tests on the market, finding diseases that have not yet been identified through non-invasive diagnosis until now: 16 fetal monogenic diseases, inherited from parents or ex-novo.

FetalDNA Total Screen provides to the gynecologist the whole picture on health status of the fetus and the mother.

It is the **most accurate** level of the FetalDNA line, because it includes the screening of maternal DNA: maternal cystic fibrosis, risk of preterm birth, preeclampsia, hereditary maternal thrombosis, SMA, toxoplasmosis and cytomegalovirus

To live pregnancy with serenity and awareness.

For further information and assistance in managing the results, please send an email to **commerciale@altamedica.it** 

FETAL SEX IDENTIFICATION (upon request)

MOST COMMON CHROMOSOME ALTERATIONS

21 (Down syndrome), 18 (Edwards syndrome) and 13 (Patau syndrome)

SEXUAL CHROMOSOMES ANEUPLOIDIES

chromosomal aneuploidies related to sex chromosomes X, Y (Turner Syndrome, Klinefelter Syndrome, etc.) X-linked Monosomy

FETAL ANEUPLOIDIES

Screening of 23 chromosomes with the highest resolution

■ MICRODELETIONS - MICRODUPLICATIONS SYNDROMES

(copy number variation cnv)

Wolf-Hirschhorn syndrome

Jacobsen syndrome

18q deletion syndrome

1p36 deletion syndrome

Alaqille syndrome

Angelman syndrome Rubinstein-Taybi syndrome

DiGeorge syndrome WAGR syndrome

Cri-du-chat syndrome Potocki-Shaffer syndrome
Langer-Giedion syndrome Sindrome di Miller-Dieker
Smith-Magenis syndrome 1q21.1 deletion syndrome
Prader-Willi syndrome Kleefstra syndrome (KS)
Williams syndrome Phelan-Mcdermid syndrome

Koolen-de Vries syndrome

FETAL MONOGENIC DISEASES

(both inherited or ex-novo)

Fetal Cystic Fibrosis Apert syndrome
Congenital deafness Crouzon syndrome
Beta-thalassemia Pfeiffer syndrome
Classical congenital adrenal hyperplasia Leopard syndrome
Hemochromatosis Noonan syndrome
Achondroplasia Phenylketonuria
Hypochondroplasia Rett syndrome

Thanatophoric dysplasia Autosomal recessive polycystic kidney

- MATERNAL SPINAL MUSCULAR ATROPHY (SMA) DIAGNOSIS
  Deletion of exons 7 and 8 of the SMN1 gene
- SCREENING FOR PRE-TERM BIRTH GENETIC PREDISPOSITION (patented and CE-IVD validated test)
- MATERNAL CYSTIC FIBROSIS
- BIOCHEMICAL MARKERS FOR PREECLAMPSY RISK

Dosages: Placental Growth Factor (PIGF) and Pregnancy Associated Protein A (PAPP-A)

- HEREDITARY MATERNAL THROMBOPHILIA Factor II - Leiden V factor - MTHFR (C677T-A1298C) - PAI-1
- MATERNAL INFECTIOUS DISEASE
  Diagnosis of toxoplasmosis and cytomegalovirus (circulating DNA)