Non-Invasive Fetal Trisomy Test
Medical Insurance Consent Form
(NIFTY Pro 92 CNVs)

Dear Customers,

Thank you for choosing BGI's NIFTY "Non-Invasive Fetal Trisomy Test" (NIFTY Pro 92 CNVs). The test includes "Trisomy 21", "Trisomy 18", "Trisomy 13", "sex chromosome aneuploidy" (for singleton pregnancy only), other standard chromosomal aneuploidies and 92 standard chromosomal microdeletion/duplication syndromes, among which locations are shown in the attached form. In order to better apply the advanced genetic testing technology to pregnant women, after receiving your true and valid information, BGI will act as the policyholder, go through the insurance procedures, and pay the insurance fees at PICC HEALTH INSURANCE COMPANY LIMITED (hereinafter referred to as "PICC"). The relevant insurance liabilities are as follows:

1. During the insurance period, if the prenatal screening report result indicates high-risk or positive for any chromosomal abnormality in the fetus, the costs incurred for the interventional prenatal diagnosis (including but not limited to chorionic villus sampling, amniocentesis, percutaneous umbilical blood sampling, karyotypic analysis, etc.), and the cost of molecular genetic tests for aided diagnosis (including chromosomal fluorescence in situ hybridization (FISH); Chromosomal Microarray Analysis (CMA, including array CGH, SNP array), QF-PCR, high-throughput sequencing and other detection costs) shall be reimbursed by PICC in accordance with the "守护专家门诊费用团体医疗保险". The medical expenses are reimbursed for the part not paid by the state, and the part paid by the individual. For both singleton pregnancy and twin pregnancy, the maximum reimbursement for each client during the period of insurance will not exceed 5,000 CNY. After the compensation, the insurance company will terminate all insurance liability for the client and the fetus. The client shall not claim any other expenses from the testing institution, insured unit, sending hospital and insurance company.

2. During the insurance period, if the prenatal screening report result indicates low-risk or negative for any chromosomal abnormality in the fetus, but the fetus has been clearly diagnosed by regular medical institutions during pregnancy (diagnostic report/assisted diagnostic molecular genetic test report) with standard chromosome aneuploidy such as "Trisomy 21", "Trisomy 18", "Trisomy 13", and 92 chromosome microdeletion/duplication syndromes (The deletion/duplication fragments should fully contain the pathogenic regions of the target diseases given in the authoritative international databases such as OMIM/DECIPHER, and be judged as the target diseases, and the size of the deletion/duplication fragments should be greater than or equal to the promised size in the attached form. Chromosome haploid/polyploid, recombination, ring, inversion, translocation, uniparental disomy (UPD), mosaicism, genomic imprinting, mono/polygenic diseases, and sex chromosome aneuploidies in twin pregnancy are not covered by the insurance). PICC shall pay the insured client 20,000 RMB in accordance with the provisions of "人保健康生物检测团体疾病保险". After the compensation, the insurance company will terminate all insurance liability for the client and the fetus. The client shall not claim any other expenses from the testing institution, insured unit, sending hospital and insurance company.

3. During the insurance period, if the prenatal screening report result indicates low-risk or negative for any chromosomal abnormality in the fetus and the client has not undergone prenatal diagnosis during pregnancy, but the newborn is diagnosed by regular medical institutions (diagnostic report/assisted diagnostic molecular genetic test report) within one year after birth with standard chromosome aneuploidy such as "Trisomy 21", "Trisomy 18", "Trisomy 13", and 92 standard chromosome microdeletion/duplication syndromes (The deletion/duplication fragments should fully contain the pathogenic regions of the target diseases given in the authoritative international databases such as OMIM/DECIPHER, and be judged as the target diseases, and the size of the deletion/duplication fragments should be greater than or equal to the promised size in the attached form. Chromosome haploid/polyploid, recombination, ring, inversion, translocation, uniparental disomy (UPD), mosaicism, genomic imprinting, mono/polygenic diseases, and sex chromosome aneuploidies in twin pregnancy are not covered by the insurance). PICC shall pay the insured client 400,000 RMB in accordance with the provisions of "人保健康生物检测团体疾病保险". After the compensation, the insurance

company will terminate all insurance liability for the client and the fetus. The client shall not claim any other expenses from the testing institution, insured unit, sending hospital and insurance company.

During one pregnancy period, the client can only be insured NIFTY series products once, and the expense beyond will not be covered by the insurance company.

If you have any other enquiries, please contact BGI service team at P_insurance@genomics.cn/

+86-400-605-6655 or PICC at +86-95518 (Chinese Mandarin service).

BGI will provide personal information to PICC to support the processing of client's insurance and claims. Please note that client's personal information will be transferred across borders for the purposes of insurance and claims processing; for more information, please see the Privacy Policy (https://www.bgi.com/global/resources/privacy-policy/).

Please read the above terms and conditions carefully and fill in the insurance information. The client's information provided must be true and correct and must be in consistency with the credential of the client (or other identification). The insurance company refuses to pay compensation due to the inconsistency between the information provided by the client and the actual information or the credential, and the client will be held responsible.

I HAVE A CLEAR UNDERSTANDING OF THE ABOVE TERMS, THE INFORMATION PROVIDED IS TRUE AND CORRECT, AND I AGREE TO BE INSURED.

NAME OF THE INSURED (THE CLIENT)	
DATE OF BIRTH (MM/DD/YYYY)	
TELEPHONE NUMBER	
PASSPORT/ID CARD NUMBER	

Signature of the Client: _____

Date: _____*(mm/dd/yyyy)*

*If the client is unable to sign the consent form, her authorized relatives should sign here:

Signature of the Authorized Relative of the Client: _____

Relationship with the Client: _____

Date: _____*(mm/dd/yyyy)*

Attached Form: NIFTY Pro 92 Standard Deletion/duplication Syndromes List

1. Commitment to chromosome deletion/duplication syndrome with fragment size ≥3 Mb (limited to the fragment size ≥3Mb and fully includes the chromosome segments involved in the disorders described in the attached form. Chromosomal regions that are less than 3Mb in fragment size, or that are not fully included in diseases described in the form, and target diseases caused by factors other than deletion/duplication are not within the scope of insurance).

No.	CNV syndrome	Location	Copy number	No.	CNV syndrome	Location	Copy number
1	Chromosome 2p16.1-p15 deletion syndrome	2p16.1-p15	del	10	Chromosome 15q24 microdeletion syndrome	15q24	del
2	Chromosome 2q37 deletion syndrome	2q37	del	11	Chromosome 15q26 overgrowth syndrome	15q26	dup
3	Chromosome 3q13.31 deletion syndrome	3q13.31	del	12	Smith-Magenis syndrome	17p11.2	del
4	Chromosome 4p16.3 deletion syndrome	4p16.3	del	13	Chromosome 17p13.3 deletion syndrome	17p13.3	del
5	Chromosome 7q11.23 deletion syndrome	7q11.23	del	14	Potocki-Lupski syndrome	17p11.2	dup
6	Chromosome 8p23.1 deletion syndrome	8p23.1	del	15	Chromosome 17p13.3 duplication syndrome	17p13.3	dup
7	Chromosome 8p23.1 duplication syndrome	8p23.1	dup	16	Chromosome 22q11.2 deletion syndrome	22q11.2	del
8	Chromosome 11p11.2 deletion syndrome	11p11.2	del	17	Chromosome Xp11.23-p11.22 duplication syndrome	Xp11.23-p11.22	dup
9	Chromosome 12q14 microdeletion syndrome	12q14	del				

2. Commitment to chromosome deletion/duplication syndrome with fragment size ≥ 5Mb (limited to the fragment size ≥ 5Mb and fully includes the chromosome segments involved in the disorders described in the attached form. Chromosomal regions that are less than 5Mb in fragment size, or that are not fully included in diseases described in the form, and target diseases caused by factors other than deletion/duplication are not within the scope of insurance).

No.	CNV syndrome	Location	Copy number	No.	CNV syndrome	Location	Copy number
18	Chromosome 1p36 deletion syndrome	1p36	del	56	Chromosome 10q22.3-q23.2 deletion syndrome	10q22.3-q23.2	del
19	Chromosome 1q41-q42 deletion syndrome	1q41-q42	del	57	Chromosome 10q26 deletion syndrome	10q26	del
20	Chromosome 1p32-p31 deletion syndrome	1p32-p31	del	58	Chromosome 10p12-p11 deletion syndrome	10p11.21-p12.31	del
21	Chromosome 2q33.1 deletion syndrome	2q33.1	del	59	Chromosome 10p duplication	10p	dup
22	Chromosome 2q31.1 duplication syndrome	2q31.1	dup	60	Chromosome 11p13 deletion syndrome	11p13	del
23	Chromosome 2q31.1 microdeletion syndrome	2q31.1	del	61	Jacobsen syndrome	11q23-25	del
24	Chromosome 2q duplication	2q	dup	62	Chromosome 11q23 deletion syndrome	11q23	del
25	Chromosome 3pter-p25 deletion syndrome	3pter-p25	del	63	Chromosome 12p12.1 microdeletion syndrome	12p12.1	del
26	Dandy-Walker syndrome	3q22-q24	del	64	Chromosome 12p duplication	12p	dup
27	Distal chromosome 3p duplication	3pter-p25	dup	65	Chromosome 13q14 deletion syndrome	13q14	del
28	Chromosome 3q duplication	3q	dup	66	Distal chromosome 13q deletion	13q32-qter	del
29	Chromosome 4q21 deletion syndrome	4q21	del	67	Chromosome 14q11-q22 deletion syndrome	14q11-q22	del
30	Chromosome 4p duplication	4p	dup	68	Chromosome 14q22 deletion syndrome	14q22.1-q22.3	del
31	Distal chromosome 4q duplication	4q21-q35	dup	69	Proximal chromosome 14q deletion	cen-14q22	del
32	Distal chromosome 4q deletion	4q31-qter	del	70	Chromosome 14q duplication	14q	dup
33	Cri-du-Chat syndrome	5p15	del	71	Angelman syndrome	15q11-q13	del
34	Chromosome 5q14.3 deletion syndrome	5q14.3	del	72	Prader-Willi syndrome	15q11-q13	del
35	Chromosome 5q12 deletion syndrome	5q12	del	73	Chromosome 15q26-qter deletion syndrome	15q26-qter	del
36	Chromosome 5p13 duplication syndrome	5p13	dup	74	Levy-Shanske syndrome	15q26-qter	dup
37	Chromosome 5p duplication	5p	dup	75	Chromosome 15q14 deletion syndrome	15q14	del
38	Chromosome 6pter-p24 deletion syndrome	6pter-p24	del	76	Distal chromosome 15q deletion	15q22-q26	del
39	Chromosome 6q24-q25 deletion syndrome	6q24-q25	del	77	Chromosome 16p12.2-p11.2 deletion syndrome	16p12.2-p11.2	del
40	Chromosome 6q11-q14 deletion syndrome	6q11-q14	del	78	Chromosome 16p12.2-p11.2 duplication syndrome	16p12.2-p11.2	dup
41	Chromosome 6p deletion	6p	del	79	Chromosome 16p13.3 deletion syndrome	16p13.3	del
42	Chromosome 6q15-q23 deletion syndrome	6q15-q23	del	80	Chromosome 16p13.3 duplication syndrome	16p13.3	dup
43	Chromosome 6q25-qter deletion syndrome	6q25-qter	del	81	Proximal chromosome 16q duplication	16q11-q13	dup
44	Chromosome 6q26-q27 deletion syndrome	6q26-q27	del	82	Yuan-Harel-Lupski syndrome	17p12-p11.2	dup
45	Chromosome 7q deletion	7q	del	83	Chromosome 17p duplication	17p	dup
46	Chromosome 7q21-q32 deletion	7q21-q32	del	84	Chromosome 18p deletion syndrome	18p	del
47	Chromosome 7q31-q32 deletion	7q31-q32	del	85	Distal chromosome 18q deletion syndrome	18q22.3-q23	del
48	Langer-Giedion syndrome	8q23.3-q24.11	del	86	Alagille syndrome 1	20p12	del
49	Chromosome 8q22.1 deletion syndrome	8q22.1	del	87	Chromosome 20p duplication	20p	dup
50	Chromosome 8q22.1 duplication syndrome	8q22.1	dup	88	Chromosome 21q22 deletion	21q22	del
51	Chromosome 8p duplication	8p	dup	89	Chromosome Xp21 deletion syndrome	Xp21	del
52	Chromosome 8q duplication	8q	dup	90	Chromosome Xq27.3-q28 duplication syndrome	Xq27.3-q28	dup
53	Chromosome 9p deletion syndrome	9p	del	91	Chromosome Xq21 deletion syndrome	Xq21	del
54	Chromosome 9p duplication	9p	dup	92	Chromosome Xq22.3 deletion syndrome	Xq22.3	del
55	DiGeorge syndrome 2	10p14-p13	del				

Note： Del: Deletion: a deletion is a loss of a chromosome segment, rather than an entire missing chromosome.

Dup: Duplication: a duplication is a gain of a chromosome segment, rather than an entire extra chromosome.

INSURANC CLAIM DOCUMENT LIST

A. High Risk or Positive Cases	1. Claim Application form for positive result
	2. NIFTY Pro report (copy)
	3. Evidence of prenatal diagnosis fees: original invoice and fee list (twins also need to submit an ultrasound report)
	4. Fetal chromosome karyotype analysis report (issued by a regular medical institution) (copy)
	5. Valid ID or Passport, bank account information and bank account of the pregnant woman being tested (copy)
	6. Letter of subrogation of insurance indemnity
	7. Letter of guarantee for payment of expenses
B. Low Risk or Negative (Before Born)	1. Claim Application form for negative result
	2. NIFTY Pro report (original)
	3. Records of termination of pregnancy (original)
	4. Fetal chromosome karyotype analysis report (issued by a regular medical institution) (original)
	5. Preoperative ultrasound report (copy)
	6. Valid ID or Passport, bank account information and bank account of the pregnant woman being tested (copy)
	7. Letter of subrogation of insurance indemnity
	8. Letter of guarantee for payment of expenses
C. Low Risk or Negative (After Born)	1. Claim Application form for negative result
	2. NIFTY Pro report (original)
	3. Infant chromosomal karyotype analysis report, assistant diagnostic molecular genetics test report (original)
	4. Certificate of diagnosis (original)
	5. Infant birth certificate (copy)
	6. Forensic paternity test report (original)
	7. Valid ID or Passport, bank account information and bank account of the pregnant woman being tested (copy)
	8. Letter of subrogation of insurance indemnity
	9. Letter of guarantee for payment of expenses
	10. Other certificates and materials required by the applicant to confirm the nature, cause and degree of injury of the insured event