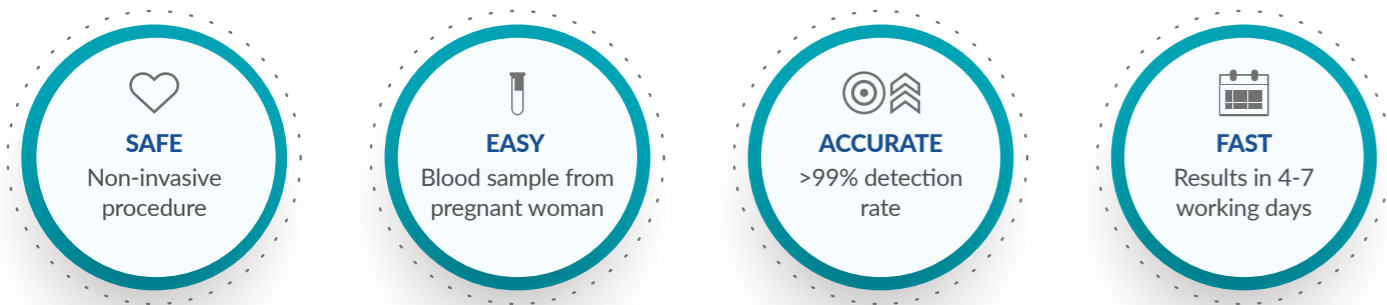
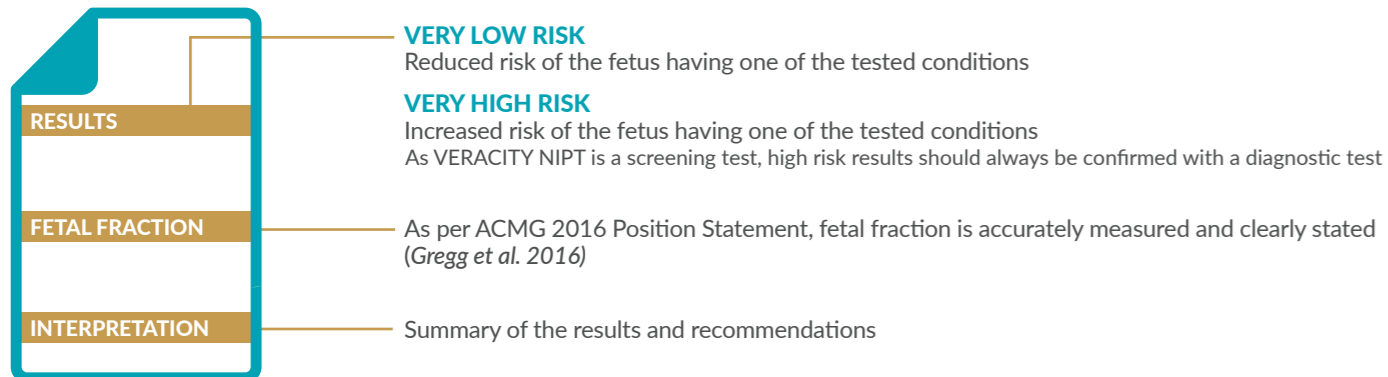


BENEFITS OF VERACITY



WHAT WILL THE REPORT TELL ME?

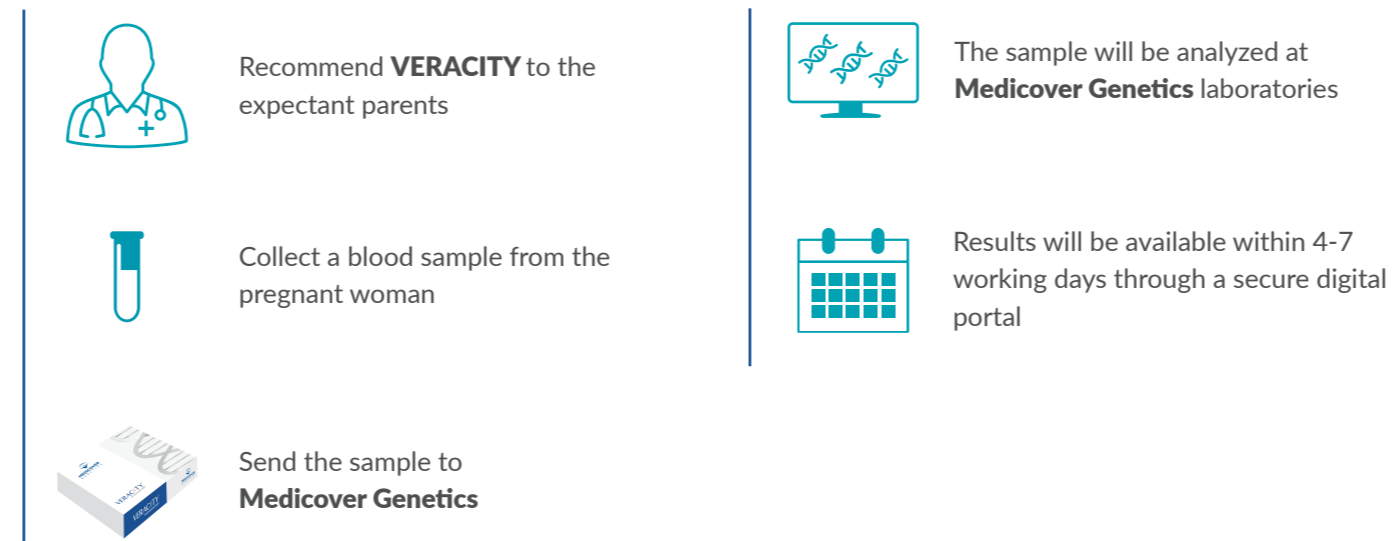


The result of the test does not eliminate the possibility that other genetic conditions might be present, nor does it guarantee a healthy baby.

WHAT CAN I DO AFTER VERACITY?

- Inform your patient about the result
- Recommend genetic counselling, if applicable
- Confirm very high risk results with a prenatal diagnostic procedure e.g. CVS or amniocentesis
- Discuss about next steps and management

HOW TO ADMINISTER THE VERACITY TEST?



MORE QUESTIONS?

If you have additional questions or concerns, please contact us at info.genetics@medicover.com



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Delivering results you can trust



VERACITY NEW GENERATION NIPT

VERACITY is a **non-invasive prenatal test** (NIPT) for the detection of **fetal aneuploidies**, **sex chromosome aneuploidies**, and **microdeletions** that can be done as early as the 10th week of pregnancy.

- Validated for **singleton** and **twin** pregnancies
- Applicable for **IVF** pregnancies
- Applicable for women of **all ages**
- Preferred for its **accuracy** and **robustness**

CLINICAL UTILITY

According to professional societies such as ACMG and ACOG, NIPT is the most accurate screening test for the detection of common fetal aneuploidies^{1,2}. The use of NIPT in combination with conventional prenatal screening tests, such as ultrasounds and biochemical markers, provides thorough evaluation of the pregnancy and improves prenatal care.

NIPT can reduce the number of invasive diagnostic procedures for common fetal autosomal aneuploidies and can also increase the prenatal detection rate for **sex chromosome aneuploidies** (SCAs) and **microdeletions** which:

- are not associated with maternal age
- often do not have ultrasound or biomarker findings
- can occur more frequently than autosomal aneuploidies²

WHAT DOES VERACITY NIPT TEST FOR?

Early, safe and accurate detection of autosomal aneuploidies, SCAs and microdeletions facilitates taking informed decisions.

AUTOSOMAL ANEUPLOIDIES

- Down syndrome** (Trisomy 21)
- Edwards syndrome** (Trisomy 18)
- Patau syndrome** (Trisomy 13)

SEX CHROMOSOME ANEUPLOIDIES

- Turner syndrome** (Monosomy X)
- Triple X syndrome** (Trisomy X)
- Klinefelter syndrome** (XXY)
- Jacobs syndrome** (XYY)
- XXYY syndrome**

MICRODELETIONS

- DiGeorge syndrome** (22q11.2)
- 1p36 deletion syndrome** (1p36)
- Smith-Magenis syndrome** (17p11.2)
- Wolf-Hirschhorn syndrome** (4p16.3)

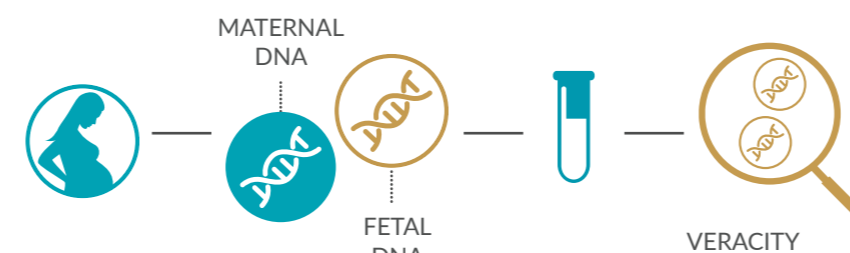
Gender determination can optionally be performed

The ACMG recommends¹:

- NIPT screening for all pregnant patients with singleton and twin gestations for fetal trisomies 21, 18 and 13
- NIPT screening for patients with singleton gestation for SCAs
- NIPT screening for all patients for 22q11.2 deletion

PROPRIETARY TARGETED METHODOLOGY

VERACITY NIPT was designed to avoid the shortcomings of other NIPTs. VERACITY uses novel **Targeted Capture Enrichment Technology** that enables aneuploidy detection as well as fetal fraction measurement with unparalleled accuracy and reliability.



TARGETED GENOMIC ANALYSIS

VERACITY uses proprietary technology, specifically designed to avoid genomic regions with complex architecture that affect test performance. This overcomes problems associated with other NIPTs and increases the precision and accuracy of VERACITY.

HIGH READ-DEPTH

Read-depth is the number of times a nucleotide in the genome is read during analysis. VERACITY captures and enriches DNA fragments from targeted regions on chromosomes of interest. VERACITY is able to analyze these selected regions at an extremely high read-depth which improves the statistical accuracy of the analysis and increases the sensitivity and specificity of VERACITY.

FETAL FRACTION MEASUREMENT

A proprietary bioinformatics software accurately calculates fetal fraction which increases the robustness and reliability of VERACITY.

MULTI-ENGINE ANALYSIS PIPELINES

Proprietary bioinformatics pipelines analyze the sequencing data produced from each test. This multi-engine analysis increases the sensitivity and specificity of aneuploidy, microdeletion and fetal gender detection.

WHO IS VERACITY APPLICABLE FOR?

	AUTOSOMAL ANEUPLOIDIES	SEX CHROMOSOME ANEUPLOIDIES	MICRODELETIONS
Singleton	•	•	•
Twin/Vanishing Twin	•		•
IVF (self-egg used) Singleton	•	•	•
IVF (self-egg used) Twin/Vanishing Twin	•		•
IVF (Donor egg used or Surrogate) Singleton	•	•	•

Patients with malignancies or history of malignancies, with bone marrow or organ transplant, or who have recently had transfusion are not eligible for the test.

CLINICAL PERFORMANCE OF VERACITY NIPT

AUTOSOMAL TRISOMIES

KARYOTYPE	NO.	FOLLOW-UP	CORRECT CALLS	SENSITIVITY	PPV
NORMAL	10280	10280	10280	99.98% (99.93-99.998%)	100% (99.96 – 100%)
KARYOTYPE	NO.	FOLLOW-UP	CORRECT CALLS	SENSITIVITY	PPV
Trisomy 21	126	44	44	100% (92 – 100%)	100% (92 – 100%)
Trisomy 18	24	10	10	100% (69 – 100%)	100% (69 – 100%)
Trisomy 13	16	7	5	100% (48 – 100%)	71% (29 – 96%)

SEX CHROMOSOME ANEUPLOIDIES

KARYOTYPE	NO.	FOLLOW-UP	CORRECT CALLS	SENSITIVITY	NPV
NORMAL	6200	6200	6200	99.95% (99.86 – 99.99%)	100% (99.94 – 100%)
KARYOTYPE	NO.	FOLLOW-UP	CORRECT CALLS	SENSITIVITY	NPV
45, X	16	7	4	100% (40-100%)	57% (18-90%)
47, XXX	6	2	2	-	-
47, XXY	10	4	4	-	-
47, XYY	3	0	-	-	-
48, XXYY	1	1	1	-	-

Kypri et al. "Non-invasive Prenatal Testing of Fetal Chromosomal Aneuploidies: Validation and Clinical Performance of the Veracity Test." *Molecular cytogenetics* vol. 12 34. 15 Jul. 2019

1. Dungan, Jeffrey S., et al. "Noninvasive Prenatal Screening (NIPS) for Fetal Chromosome Abnormalities in a General-Risk Population: An Evidence-Based Clinical Guideline of the American College of Medical Genetics and Genomics (ACMG)." *Genetics in Medicine*, vol. 25, no. 2, 2023, p. 100336.

2. ACOG Committee on Practice Bulletins. "Screening for Fetal Chromosomal Abnormalities." *Obstetrics & Gynecology*, vol. 136, no. 4, 2020, pp. 859–867.