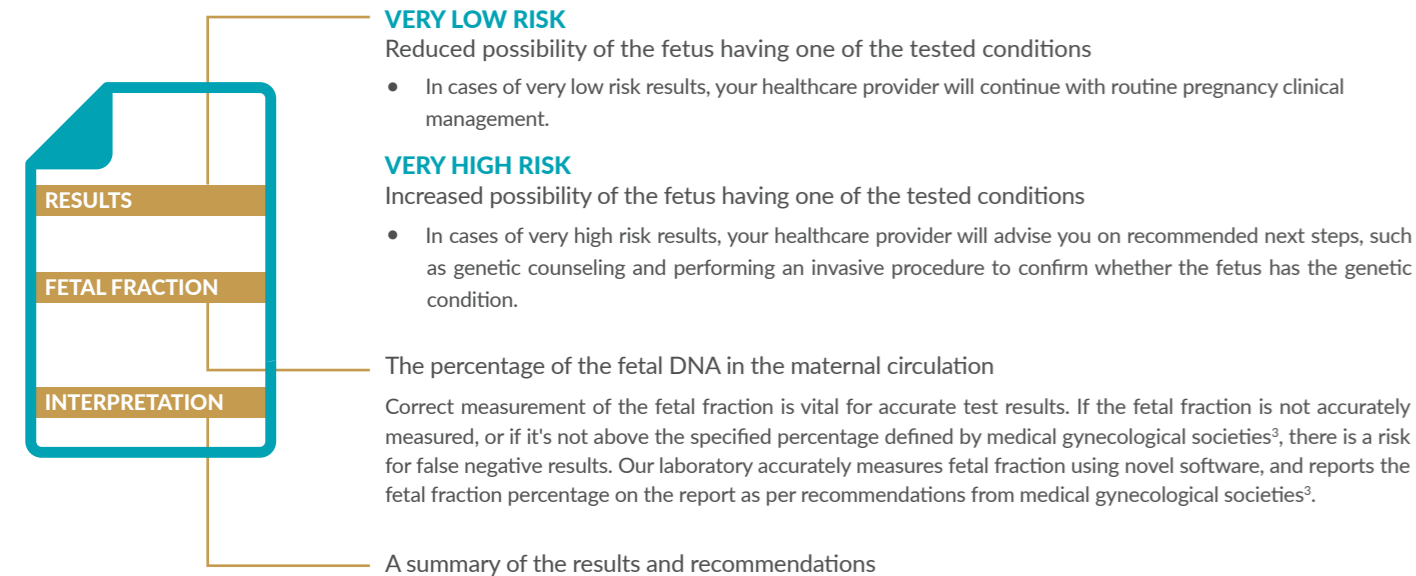


## BENEFITS OF VERACITY

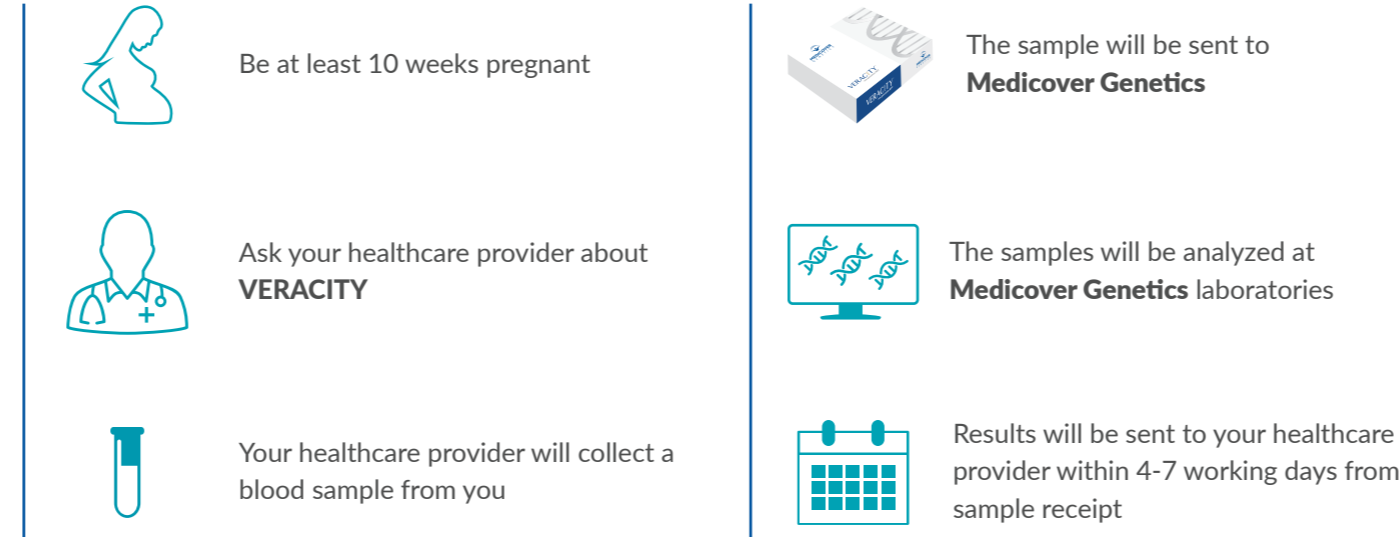


## WHAT WILL THE REPORT SAY?

The VERACITY report will be sent to your healthcare provider. It will include a detailed explanation which will guide your healthcare provider on the best clinical management for you.



## HOW CAN I TAKE THE VERACITY TEST?



## MORE QUESTIONS?

If you have additional questions or concerns, please ask your healthcare provider. You can also contact us at [info.genetics@medicover.com](mailto:info.genetics@medicover.com)



Medicover Genetics Ltd  
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**VERACITY**  
new generation NIPT



Delivering  
results you can  
trust



MKT-PRE-VC-PT-EN-V2.1

# VERACITY NEW GENERATION NIPT

VERACITY is a **non-invasive prenatal test (NIPT)** that can accurately detect the presence of certain fetal genetic disorders as early as the 10<sup>th</sup> week of pregnancy, through a blood sample from the pregnant woman.

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

## WHAT IS A PRENATAL TEST?

It is a test that a pregnant woman can take to check if her fetus has certain genetic conditions. Prenatal tests are divided into **screening tests** and **diagnostic tests**, which **work synergistically**.

### Prenatal screening tests

Include ultrasounds, biochemical testing and NIPT

- Prenatal screening tests are safe for both the pregnant woman and the fetus.
- In most cases, some prenatal screening tests or a combination of them are offered to **all pregnant women** throughout their pregnancies, as part of routine prenatal care.
- The purpose of a screening test is to identify whether a fetus has an **increased risk** of having a certain condition. High risk pregnancies are **referred** for confirmatory, diagnostic testing.
- Different screening tests are better in identifying certain conditions; for example while ultrasounds are best for identifying anatomical abnormalities, NIPTs are the most accurate method for detecting common fetal aneuploidies<sup>1,2</sup>.  
*Aneuploidy: A change in the chromosome number*

**The more accurate a screening test is, the fewer women are referred for diagnostic testing.**

### Prenatal diagnostic tests

Include chorionic villus sampling (CVS) and amniocentesis

- Performed between the 11<sup>th</sup> and 14<sup>th</sup> week (CVS), and 15<sup>th</sup> and 20<sup>th</sup> week (amniocentesis) of pregnancy.
- Prenatal diagnostic tests are used to confirm or rule out whether a fetus has the specified condition the screening tests have referred them for.
- Prenatal diagnostic tests have approximately a 1 in 200 risk of causing a miscarriage. As such, they are not performed in all pregnancies, only in the ones which are classified as 'high risk' from the prenatal screening tests.

## WHY SHOULD I CONSIDER NIPT?

According to esteemed medical gynecological societies, NIPTs are the **most accurate screening test for the detection of common fetal aneuploidies**<sup>1,2</sup>. As such, they can reduce the number of women being unnecessarily referred for invasive, diagnostic testing.

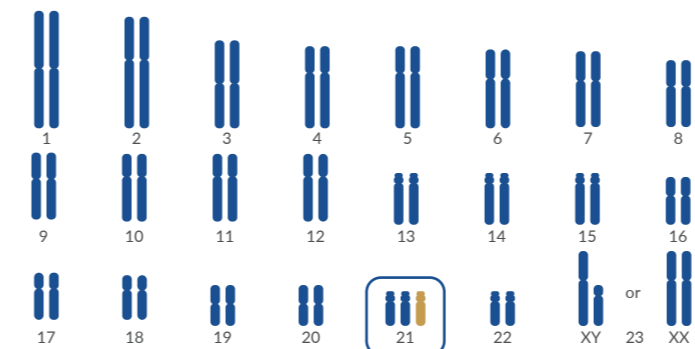
Furthermore, they can detect sex chromosome aneuploidies and microdeletions, which:

- are not associated with maternal age
- may not be detected by other screening tests (ultrasound and biochemical testing)
- can occur more frequently than autosomal aneuploidies<sup>1,2</sup>

# WHAT DOES VERACITY TEST FOR?

The conditions tested by VERACITY are commonly found in the population and have a serious effect on life or life quality of the affected individual.

Prenatal detection of these conditions can **improve prenatal care** and facilitate taking **informed and accurate decisions** early on.



### TRISOMY

3 copies of a chromosome instead of 2

## AUTOSOMAL ANEUPLOIDIES

A change in one of the chromosomal pairs 1-22

### Down syndrome (Trisomy 21)

### Edwards syndrome (Trisomy 18)

### Patau syndrome (Trisomy 13)

Down, Edwards and Patau syndromes are the most common autosomal fetal aneuploidies. The incidence of these conditions increases with maternal age.

Conventional prenatal screening tests, such as ultrasounds and biochemical testing, also test for these, but NIPTs are recognized by professional medical societies as the most accurate screening method for these conditions<sup>1</sup>.

## SEX CHROMOSOME ANEUPLOIDIES

A change in the 23<sup>rd</sup> chromosomal pair, which defines gender

### Turner syndrome (Monosomy X)

### Triple X syndrome (Trisomy X)

### Klinefelter syndrome (XXY)

### Jacobs syndrome (XYY)

### XXYY syndrome

Sex chromosome aneuploidies occur frequently in the population. They are not associated with maternal age, and as such they could potentially occur in pregnancies irrespective of maternal age.

In some cases, sex chromosome aneuploidies can be detected through conventional screening tests. However, as conventional screening tests were not designed to specifically detect these aneuploidies, they cannot detect sex chromosome aneuploidies as consistently or as accurately as NIPT can.

## MICRODELETIONS

A small part of a chromosome is missing

### DiGeorge syndrome (22q11.2)

### 1p36 deletion syndrome (1p36)

### Smith-Magenis syndrome (17p11.2)

### Wolf-Hirschhorn syndrome (4p16.3)

Apart from DiGeorge syndrome, which occurs frequently in the population, most microdeletions are rare. Microdeletions are not associated with maternal age, and as such have the same possibility of occurring in women of all ages.

In some cases, microdeletions can be detected through conventional screening tests. However, as conventional screening tests were not designed to specifically detect microdeletions, they cannot detect them as consistently or as accurately as NIPT can.

# HOW DOES VERACITY WORK?

During pregnancy, fetal DNA travels from the placenta to the maternal bloodstream and circulates along with her own DNA. The healthcare provider will collect a blood sample and send it to our laboratory for analysis. Our proprietary technology analyzes the fetal DNA and identifies the genetic disorders tested with high accuracy and precision. The results are provided to your healthcare provider in a few working days.

## HOW SAFE IS VERACITY?

VERACITY is safe and does not pose any risk for the pregnant woman or her baby.

## ARE THE CONDITIONS TESTED BY VERACITY ASSOCIATED WITH MATERNAL AGE?

The incidence of autosomal aneuploidies increases with maternal age. However, sex chromosome aneuploidies and microdeletions are not associated with maternal age so they can manifest at any maternal age group. In fact, medical gynecological societies recommend testing for:

- Trisomies 21, 18, 13
- Sex Chromosome Aneuploidies
- 22q11.2 deletion

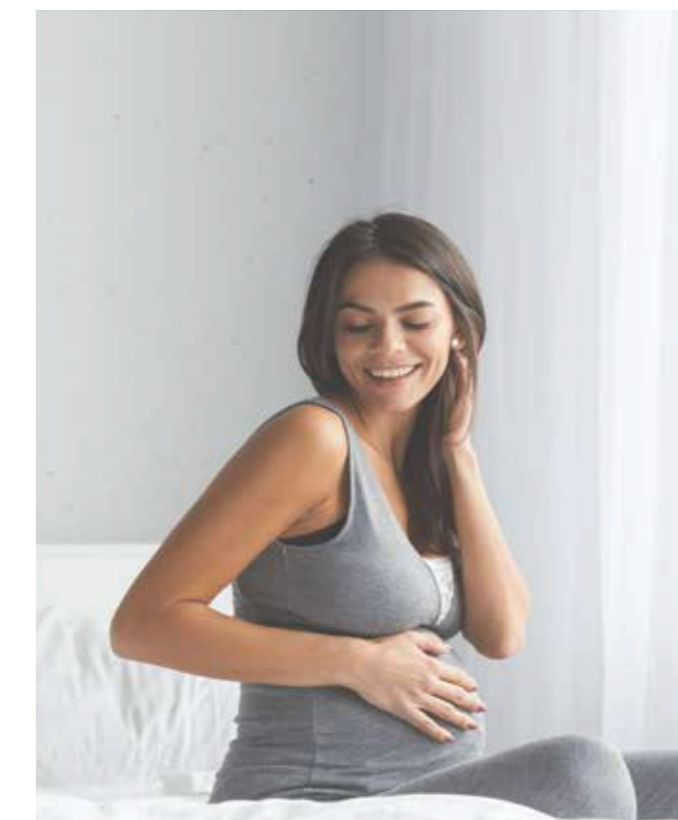
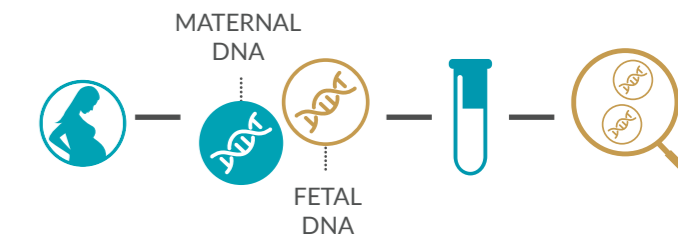
The VERACITY test can be performed in all pregnancies, regardless of maternal age or risk category, including pregnancies achieved through donor egg or sperm, or via surrogate.

*Certain testing exceptions apply. Your healthcare provider will advise you if VERACITY is the right NIPT for you.*

## WHAT ARE THE BENEFITS OF VERACITY NIPT OVER OTHER NIPTs?

VERACITY NIPT was designed by our in-house team of experts to avoid problems associated with other NIPTs. It is based on a technology known as 'Target Capture Enrichment', which analyzes the parts of the DNA containing the tested aneuploidies hundreds of times, resulting in high accuracy and reliability.

*Sensitivity >99%, Specificity >99%*



1. ACOG Committee on Practice Bulletins. "Screening for Fetal Chromosomal Abnormalities." *Obstetrics & Gynecology*, vol. 136, no. 4, 2020, <https://doi.org/10.1097/aog.0000000000004084>.  
2. 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.  
3. Gregg, Anthony R., et al. "Noninvasive Prenatal Screening for Fetal Aneuploidy, 2016 Update: A Position Statement of the American College of Medical Genetics and Genomics." *Genetics in Medicine*, vol. 18, no. 10, 2016, pp. 1056-1065.