



The most advanced cell-free fetal DNA-based non-invasive prenatal test

- Common and rare chromosomal aneuploidies
- Segmental chromosomal abnormalities
- Microdeletion syndromes
- Inherited and de novo genetic disorders
- Fetal RhD
- Fetal gender
- Parental carrier screening

www.prenataladvance.com



PRENATAL ADVANCE
NON INVASIVE PRENATAL TEST (NIPT)



PRENATAL ADVANCE

NON INVASIVE PRENATAL TEST (NIPT)

THE NEXT GENERATION NIPT

The most advanced non-invasive prenatal test (NIPT) that uses groundbreaking technologies. Through analysis of circulating cell-free fetal DNA (cfDNA) in maternal blood, it screens for genome-wide chromosomal abnormalities and severe genetic disorders in the fetus, providing unparalleled accuracy and detection compared to other NIPT

Maternal blood



During pregnancy placental trophoblasts, through a physiological process known as "apoptosis", releases DNA fragments in the maternal blood.

This DNA, also named circulating cell-free fetal

DNA, increases with advancing of gestational age and, at the 10th week of gestation, reaches a sufficient quantity for a reliably analysis and provides valuable information on the health of the fetus.

INDICATION FOR TESTING



PRENATAL ADVANCE
NON INVASIVE PRENATAL TEST (NIPT)



SUITABLE TO EVERY PREGNANCY

- Maternal age-related risks (≥ 35 years)
- Low risk pregnancies
- Singleton or twin pregnancy, IVF derived or naturally conceived pregnancy,
- Positive results on maternal serum screening
- Pregnancy at risk for a de novo or inherited genetic disorder
- Prior pregnancy with a chromosomal abnormality
- Carrier of a balanced chromosomal translocation
- Low risk pregnancies

The test is suitable for every kind of pregnancy: singleton or twin pregnancy, natural conception or IVF derived pregnancy, pregnancy at risk for

an inherited genetic disorder or to any pregnancy without a specific a priori risk.

OFFERS A FULL PANEL OF SCREENING OPTIONS

ADVANCED TESTS FOR GENOME-WIDE SCREENING OF FETAL CHROMOSOMAL ABNORMALITIES AND GENETIC DISORDERS



Screening for aneuploidies and structural chromosomal aberrations (deletions or duplications) across the fetal genome, providing karyotype-level insight. It includes fetal gender determination.



Screening for aneuploidies and structural chromosomal aberrations (deletions or duplications) across the fetal genome, providing karyotype-level insight. It includes also screening for 50 microdeletion / microduplication syndromes and fetal gender determination.



Screening for aneuploidies and structural chromosomal aberrations (deletions or duplications) across the fetal genome, providing karyotype-level insight. It also includes screening for severe genetic disorders, 26 inherited and 50+ de novo onset, and fetal gender determination. The test includes parental carrier screening



Screening for aneuploidies and structural chromosomal aberrations (deletions or duplications) across the fetal genome, providing karyotype-level insight. It also includes screening for severe genetic disorders, 26 inherited and 50+ de novo onset, 50 microdeletion / microduplication syndromes and fetal gender determination.



Screening for aneuploidies and structural chromosomal aberrations (deletions or duplications) across the fetal genome, providing karyotype-level insight. It also includes screening for severe genetic disorders, 26 inherited and 50+ de novo onset, 50 microdeletion / microduplication syndromes and fetal gender determination. The test includes parental carrier screening.

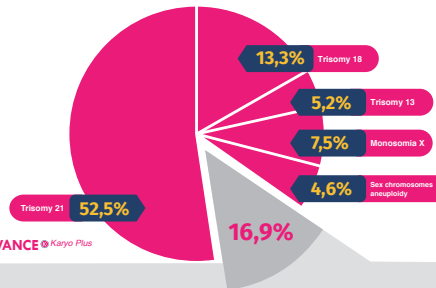


DETECTS 99.1% OF CHROMOSOMAL ABNORMALITIES OBSERVED AT BIRTH¹

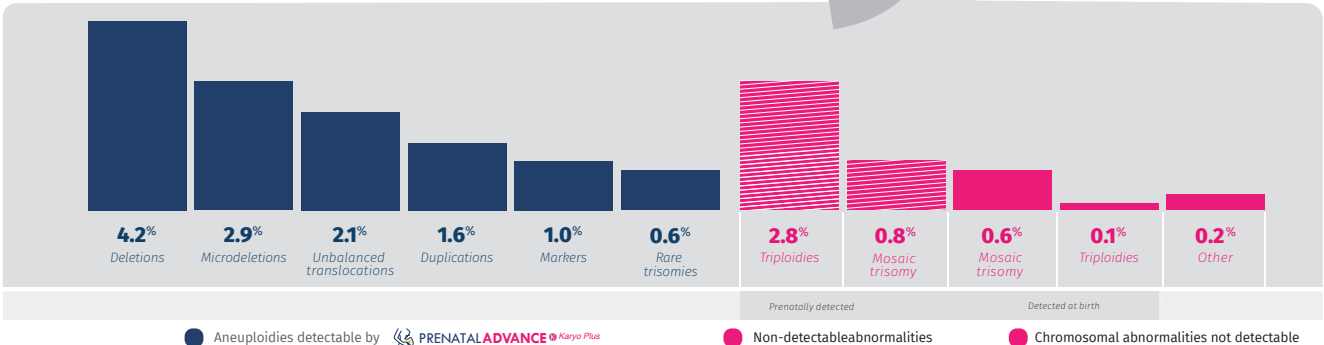
PrenatalAdvance Karyo Plus test couples leading technology with unparalleled insight to offer the most advanced noninvasive prenatal test. Unlike any other NIPT available to date, focusing only on detection of common aneuploidies, it screens every chromosome in the fetal genome, providing information previously only available from a fetal karyotype analysis. PrenatalAdvance Karyo Plus can also detect, across the fetal genome, other chromosomal abnormalities that may go undiagnosed, such as structural chromosomal aberrations (deletions or duplications), rare aneuploidies (e.g. trisomy 9,16, 22) and 50 microdeletions / microduplications syndromes.

■ Aneuploidies detectable by
 PRENATALADVANCE®

■ Chromosomal abnormalities not detectable



Prevalence of additional fetal chromosomal abnormalities detectable by **PRENATALADVANCE**® Karyo Plus



■ Aneuploidies detectable by **PRENATALADVANCE**® Karyo Plus

■ Non-detectable abnormalities

■ Chromosomal abnormalities not detectable

1. Wellesey et al. Rare chromosome abnormalities, prevalence and prenatal diagnosis rates from population-based congenital anomaly registers in Europe. EurJHumGenet. 2012; 20: 521-526



Microdeletion/Microduplication syndromes screened

| MICRODELETION/MICRODUPLICATION SYNDROMES | CYTOGENETIC LOCATION |
|--|----------------------|
| 22q11 deletion syndrome (Velocardiofacial / DiGeorge syndrome) | 22q11.2 |
| 22q11 duplication syndrome | 22q11.2 |
| Cri du Chat Syndrome (5p deletion) | 5p15.3 |
| Prader-Willi syndrome (Type 1) | 15q11.2-q13.1 |
| Angelman syndrome (Type 1) | 15q11.2-q13.1 |
| Prader-Willi Syndrome (Type 2) | 15q11.2-q13.1 |
| Angelman syndrome (Type 2) | 15q11.2-q13.1v |
| 1p36 microdeletion syndrome | 1p36 |
| Wolf-Hirschhorn syndrome (4p16.3 deletion syndrome) | 4p16.3 |
| Jacobsen syndrome (11q deletion syndrome) | 11q23.3-q24.3 |
| Langer-Giedion syndrome (8q24.1 deletion syndrome) | 8q24.11-q24.13 |
| Smith-Magenis Syndrome | 17p11.2 |
| Potocki-Lupski syndrome (17p11.2 duplication syndrome) | 17p11.2 |
| 16p11.2-p12.2 microdeletion syndrome | 16p11.2-p12.2 |
| 2q33.1 deletion syndrome | 2q33.1 |
| 16p11.2-p12.2 microduplication syndrome | 16p11.2-p12.2 |
| 8p23.1 deletion syndrome | 8p23.1 |
| 8p23.1 duplication syndrome | 8p23.1 |
| 12q14 microdeletion syndrome | 12q14 |
| Miller-Dieker microdeletion syndrome (MDS) | 17p13.3 |
| 2p15-16.1 microdeletion syndrome | 2p15-p16.1 |
| Potocki-Shaffer microdeletion syndrome | 11p11.2 |
| 18q deletion syndrome | 18q22.3-q23 |
| Witteveen-Kolk syndrome (15q24 Deletion) | 15q24.2 |
| Rubinstein-Taybi deletion syndrome (16p13.3 deletion syndrome) | 16p13.3 |



Microdeletion/Microduplication syndromes screened

| MICRODELETION/MICRODUPLICATION SYNDROMES | CYTOGENETIC LOCATION |
|--|----------------------|
| 1q41-q42 deletion syndrome | 1q41-q42 |
| 1q43-q44 deletion syndrome | 1q43-q44 |
| Glass syndrome (2q32-q33 deletion syndrome) | 2q32-q33 |
| 17q23.1-q23.2 deletion syndrome | 17q23.1-q23.2 |
| 2q23.1 microdeletion syndrome | 2q23.1 |
| 6q25 microdeletion syndrome | 6q25.2-q25.3 |
| Phelan-McDermid syndrome (22q13.3 deletion syndrome) | 22q13 |
| 19q13.11 deletion syndrome | 19q13.11 |
| 17p13.3 duplication syndrome | 17p13.3 |
| 3q13.31 deletion syndrome | 3q13.31 |
| 8q22.1 deletion syndrome | 8q22.1 |
| 14q22 deletion syndrome (Frias syndrome) | 14q22.1-q22.3 |
| 1p32-p31 Deletion Syndrome | 1p32-p31 |
| 5q12 deletion syndrome | 5q12 |
| 15q25 deletion syndrome | 15q25.2-q25.3 |
| Yuan-Harel-Lupski syndrome (17p12-p11.2 duplication) | 17p12-p11.2 |
| 4q21 deletion syndrome | 4q21.1-q22.2 |
| 5q14.3 deletion syndrome | 5q14.3-q15 |
| 2p12-p11.2 deletion syndrome | 2p12-p11.2 |
| 10q26 deletion syndrome | 10q26 |
| 3pter-p25 deletion syndrome | 3pter-p25 |
| 6q24-q25 deletion syndrome | 6q24-q25 |
| Kleefstra syndrome (9q34.3 deletion syndrome) | 9q34.3 |
| 2q37 deletion syndrome | 2q37.2 |
| 17p13.1 deletion syndrome | 17p13.1 |



THE NEXT LEVEL IN NON-INVASIVE PRENATAL TESTING

PrenatalAdvance Genetics represents the evolution of non-invasive prenatal tests and provides the most comprehensive information available from a NIPT to date. It works as a complementary test to standard and genome-wide PrenatalAdvance tests, screening not only for common aneuploidies and genome-wide chromosomal abnormalities, but also for severe genetic disorders in the fetus, allowing a more complete picture of the risk of a pregnancy being affected by a genetic disease. PrenatalAdvance Genetics facilitates early diagnosis of common single-gene disorders, allowing detection in the fetus of genetic disorders, 26 inherited and 50+ de novo onset, that could be missed by traditional prenatal screening. The test includes parental carrier screening.

Inherited genetic disorders screened in the fetus

| GENE | GENETIC DISORDER |
|--------------|--|
| ACADM | Acyl-CoA dehydrogenase, medium chain deficiency |
| AGXT | Hyperoxaluria, primary, type 1 |
| ARSA | Metachromatic leukodystrophy |
| ATP7B | Wilson disease |
| BTD | Biotinidase deficiency |
| CBS | Homocystinuria |
| CFTR | Cystic Fibrosis |
| DHCR7 | Smith-Lemli-Opitz syndrome |
| EMD | Emery-Dreifuss muscular dystrophy 1 |
| GAA | Glycogen storage disease II |
| GALC | Krabbe disease |
| GALT | Galactosemia |
| GBA | Gaucher disease, type I, II, III, IIIC, perinatal lethal |

| GENE | GENETIC DISORDER |
|-----------------|---|
| GJB2 | Deafness, autosomal recessive 1A |
| GJB6 | Deafness, autosomal recessive 1B |
| GLA | Fabry disease |
| HADHA | Long chain 3-hydroxyacyl-CoA dehydrogenase deficiency |
| HBB | Beta thalassemia/Sickle cell anemia |
| HEXA | Tay-Sachs disease |
| MEFV | Familial Mediterranean fever |
| MMACHC | Methylmalonic aciduria and homocystinuria, cblC type |
| PAH | Phenylketonuria |
| PMM2 | Congenital disorder of glycosylation, type Ia |
| SERPINA1 | Alpha 1 antitrypsin deficiency |
| SLC26A2 | Achondrogenesis Ib |
| GJB1 | Charcot-Marie-Tooth neuropathy, X-linked dominant, 1 |

The inherited genetic disorders screened by PrenatalAdvance Genetics are the most common in the European population



IDENTIFIES FETAL CONDITIONS THAT COULD BE MISSED BY TRADITIONAL PRENATAL SCREENING

De novo genetic conditions screened in the fetus

| GENE | SYNDROMIC DISORDERS |
|---------------|----------------------------------|
| ACTB | Baraitser-Winter syndrome |
| ACTG1 | Baraitser-Winter syndrome |
| ASXL1 | Bohring-Opitz syndrome |
| CHD7 | CHARGE syndrome |
| HDAC8 | Cornelia de Lange syndrome 5 |
| JAG1 | Alagille syndrome |
| MECP2 | Rett syndrome |
| NIPBL | Cornelia de Lange syndrome 1 |
| NSD1 | Sotos syndrome 1 |
| SETBP1 | Schinzel-Giedion syndrome |
| SHH | Holoprosencephaly type 3 |
| SOX9 | Acampomelic campomelic dysplasia |
| ZIC2 | Holoprosencephaly type 5 |

| GENE | CRANIOSYNOSTOSIS |
|--------------|--|
| FGFR2 | Antley-Bixler syndrome without genital anomalies or disordered steroidogenesis |
| | Apert syndrome |
| | Crouzon syndrome |
| | Jackson-Weiss syndrome |
| | Pfeiffer syndrome type 1 |
| | Pfeiffer syndrome type 2 |
| | Pfeiffer syndrome type 3 |

PrenatalAdvance Genetics test detects de novo mutations in 35 genes causing 56 different genetic disorders. The genetic conditions screened by this innovative test often occur in the absence of a family history of the condition. This is a paradigm shift in prenatal screening. PrenatalAdvance Genetics screens for de novo mutations that cannot be detected by standard carrier screening, as these mutations are not present on the parents. The genetic disorders screened by PrenatalAdvance Genetics can cause skeletal dysplasias, cardiac defects, multiple congenital anomalies, autism, epilepsy and/or intellectual disability.



De novo genetic conditions screened in the fetus

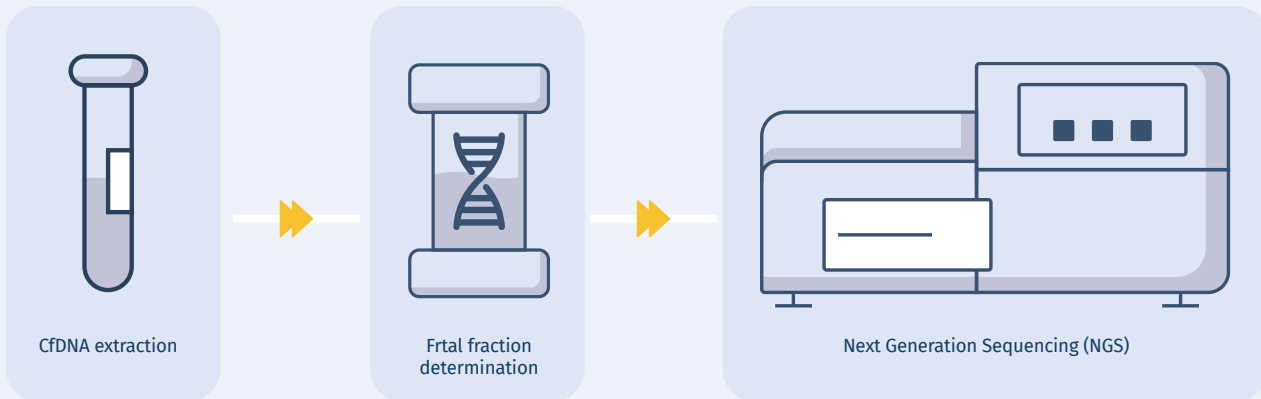
| GENE | SKELETAL DISORDERS |
|---------------|---|
| COL2A1 | Achondrogenesis 2 |
| FGFR3 | Achondroplasia |
| | CATSHL syndrome |
| | Crouzon syndrome with acanthosis nigricans |
| | Hypochondroplasia |
| | Muenke syndrome |
| | Thanatophoric dysplasia, type I |
| | Thanatophoric dysplasia, type II |
| COL1A1 | Ehlers-Danlos syndrome, classic |
| | Ehlers-Danlos syndrome, type VIIA |
| | Osteogenesis imperfecta, type I |
| | Osteogenesis imperfecta, type II |
| | Osteogenesis imperfecta, type III |
| | Osteogenesis imperfecta, type IV |
| COL1A2 | Ehlers-Danlos syndrome, cardiac valvular form |
| | Ehlers-Danlos syndrome, type VIIB |
| | Osteogenesis imperfecta, type II |
| | Osteogenesis imperfecta, type III |
| | Osteogenesis imperfecta, type IV |

| GENE | NOONAN SYNDROME |
|---------------|---|
| BRAF | Cardiofaciocutaneous syndrome 1 |
| CBL | Noonan syndrome-like disorder with or without juvenile myelomonocytic leukemia (NSLL) |
| HRAS | Costello syndrome/Noonan syndrome |
| KRAS | Noonan syndrome/cancers |
| MAP2K1 | Cardiofaciocutaneous syndrome 3 |
| MAP2K2 | Cardiofaciocutaneous syndrome 4 |
| MRAS | Noonan syndrome 11 |
| NRAS | Noonan syndrome 6/cancers |
| PPP1CB | Noonan syndrome-like disorder with loose anagen hair 2 |
| PTPN11 | juvenile myelomonocytic leukemia (JMML) |
| PTPN11 | Noonan syndrome 1/ LEOPARD syndrome/cancers |
| RAD21 | Cornelia de Lange syndrome 4 |
| RAF1 | Noonan syndrome 5/LEOPARD syndrome 2 |
| RIT1 | Noonan syndrome 8 |
| RRAS2 | Noonan syndrome 12 |
| SHOC2 | Noonan syndrome-like disorder with loose anagen hair |
| SOS1 | Noonan syndrome 4 |



A GROUNDBREAKING TECHNOLOGY ALLOWING FOR A SCREENING TEST THAT IS REVOLUTIONARY

A groundbreaking technology coupled with an advanced bioinformatic analysis allows for detection of both genomewide chromosomal abnormalities and single-gene disorders, providing the most comprehensive information available from a noninvasive prenatal test to date



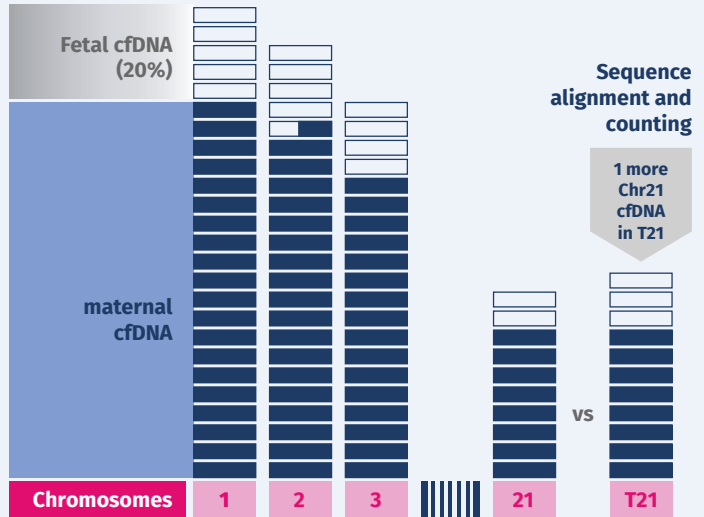
The high resolution of the test allows for a low limit of detection (LOD): highly accurate at low cfDNA quantity

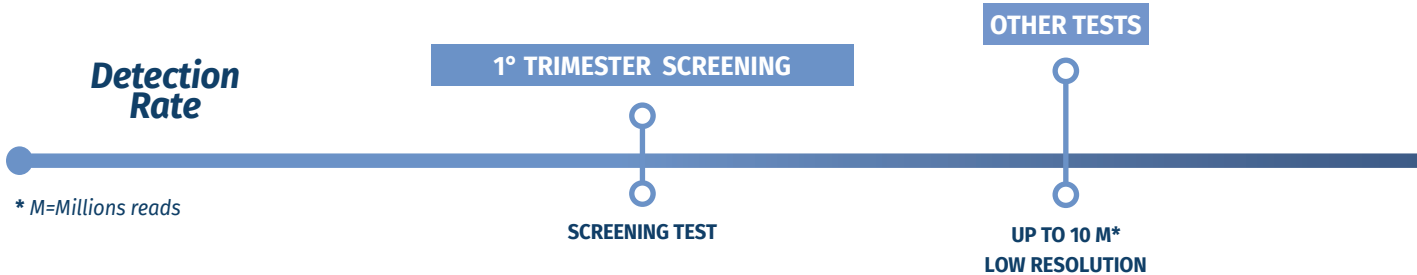
LOD **1%** Fetal Fraction

Screening for chromosomal aneuploidy and structural aberrations



CfDNA mutation analysis





VANTAGES OF USING A

HIGHER SENSITIVITY

- Increased detection rate
- Lower incidence of false negative

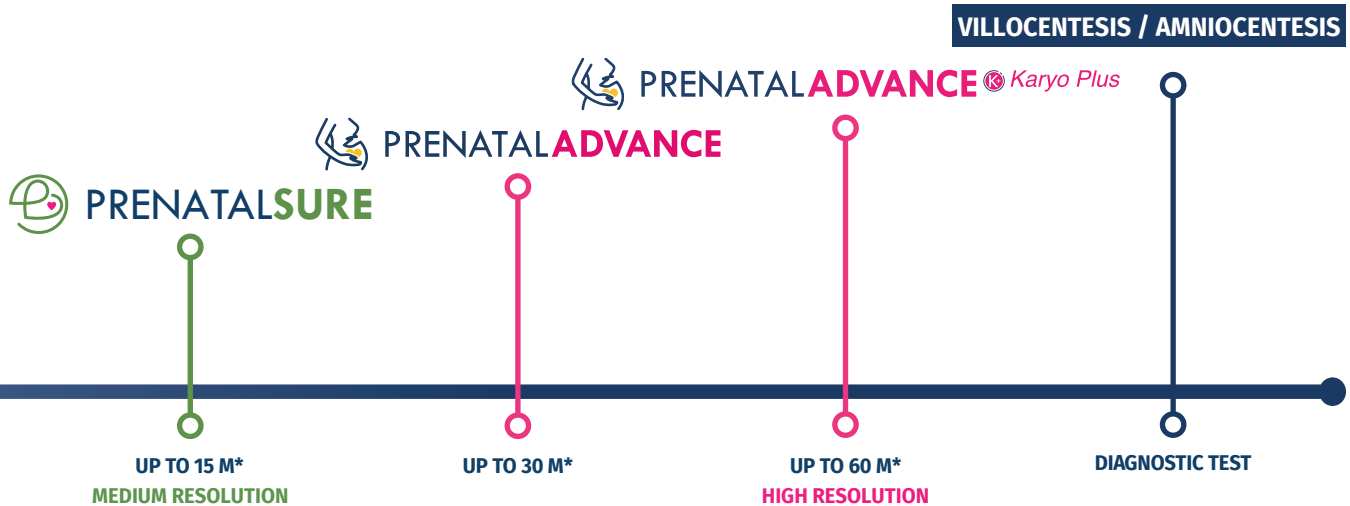
HIGHER SPECIFICITY

- Lower incidence of false positive
- Reduction of the number of invasive Prenatal Diagnosis

MICRODELETION SYNDROMES AND SEGMENTAL IMBALANCES

- Detection of microdeletions down to 2Mb
- Improved performance in detecting segmentals
- Increased detection rate
- Lower incidence of false negative and positive
- Riduzione dei falsi positivi

= BETTER PERFORMANCE



HIGH RESOLUTION NIPT

RELIABLE RESULTS AT LOW FF

- Increased detection rate at low FF
- Lower redraw incidence
- Idea test for patient with high BMI

MOSAICISM

- Detection of placental/fetal mosaicism
- Lower incidence of false positive

IMPROVED SEQUENCING DATA QUALITY

- Lower incidence of non-conclusive results
- Lower redraw rate
- Ideal for patients using interfering drugs



PRENATAL ADVANCE

NON INVASIVE PRENATAL TEST (NIPT)

TEST CHARACTERISTICS:



SIMPLE

A simple blood sample (8-10 ml) collected at 10⁺ weeks of gestation is required



FAST

Turnaround time of just 3 days



SAFE

It is a non-invasive prenatal test, no risk for the fetus and the mother



SENSITIVE

Low limit of detection: highly accurate at low cfDNA quantity (FF:1%)



RELIABLE

Sensitivity and specificity >99%



COMPREHENSIVE

It offers a level of information previously only available from a fetal karyotype analysis, performed with invasive prenatal diagnosis procedures (amniocentesis and CVS)

SUPERIOR ACCURACY AND HIGH QUALITY STANDARDS



COMPLETE

It detects both genome-wide chromosomal abnormalities and single-gene disorders, providing the most comprehensive information available from a noninvasive prenatal test to date



ADVANCED

Groundbreaking technologies and advanced bioinformatic analysis



CERTIFICATED

CE-IVD marking for instruments, reagents and analysis algorithm



ITALIAN

Performed in Italy



VALIDATED

Clinical validation studies performed on a wide cohort of pregnant women



GLOBAL

It is used from thousands of gynecologists worldwide

TEST RESULTS



NEGATIVE: A **negative result** shows that there is a low risk for a chromosomal abnormality or a genetic disorder in the fetus.

A **low risk test** result greatly reduces the chances that the fetus has a chromosomal abnormality or monogenic disorder but it cannot guarantee a healthy baby.











POSITIVE: **Positive screening result** shows that there is a high risk for a chromosomal abnormality or a genetic disorder in the fetus. A patient with a positive test result should be referred for genetic counseling and should always be **followed-up** with an invasive diagnostic prenatal test for confirmation of test results, before any medical decisions are made.

COMPLIMENTARY SERVICES

- Reimbursement of the test fee for cases with inconclusive test results
- Pre- and Post-test genetic counseling
- Free **RhAdvance** test for pregnant women Rh(D) negative with partner Rh(D) positive

TURNAROUND TIME

| | | | |
|---|---|---|------------------|
|  |  |  | 3-4 days |
|  |  | | 5-7 days |
|  |  |  | 7-10 days |



Maternal blood

Maternal blood + paternal buccal swab

    + 

4 EASY STEPS



Request the test kit



Collect the maternal blood sample



Ship the blood sample to Genomica Lab



Receive results

ADVANCED MOLECULAR DIAGNOSTICS SOLUTIONS USING STATE-OF-THE ART TECHNOLOGIES



Over **100.000** genetic tests/year



Test performed in Italy
(Rome or Milan)



International **Partnerships**



20+ years experience in prenatal molecular diagnostics



Fast TAT **3 days**



Dedicated R&D team



Personalized genetic counseling with genetic counselors experts in discussing genetic test results and familial risks



Laboratories with **groundbreaking technologies** and high quality standards



LABORATORIES

Rome: Via Arduino 38 - 00162 - Tel.: +39 06.21115020

Milan: Viale L. Bodio 29-37 (Bodio 3) - 20158 - Tel.: +39 02.21115330

E-mail: info@genomicalab.it - www.genomicalab.it

REGISTERED OFFICE

Via Arduino 38 - 00162 Rome (RM)

info@pec.genomicalab.it

VAT and Fiscal Code: 14554101007 - REA: RM - 1530210

