Your patients, our priority.

Unity Complete streamlines testing through a single maternal blood draw, reducing the complexity of multiple clinic visits, partner testing, and numerous insurance bills and co-pays.

Patient-Centric Experience

- **Convenient self-service portal:** Track test progress and view results.
- **Educational support:** On-demand videos and resources.
- **Complimentary genetic counseling:** Virtual visits with our genetic counselors to review results.
- **Transparent, friendly billing practices:** Our US-based team contacts patients about balances before billing. One bill, one copay — no surprises.

Affordable for All

- **Wide insurance coverage:** In-network with the majority of insurance plans, covering over 300 million lives.[20]
- **$0 for all Medicaid patients.**[20]
- **~80% of commercially insured patients pay less than $200** for two tests (Unity Fetal Risk Screen + Aneuploidy).[20]

Streamlined Provider Workflow

- **Single order:** One TRF for all Unity Complete tests.
- **Portal or EHR integration:** Easy ordering and fast results via EHR or provider portal.
- **Actionable results:** Clear, reliable insights for confident clinical decisions.

1. Data on file as of February 2026. **2.** For autosomal recessive conditions, the clinical sensitivity refers to the estimated clinical detection rate of high-risk fetuses by cfDNA fetal risk assessment. For X-linked conditions, for which cfDNA testing is only clarified via fetal sex, the clinical sensitivity refers to carrier screening detection and does not account for de novo mutations. **3.** Standalone specificity for sgNIPT is derived for general population screening from the study cohort reported in Wynn et al., 2023[4], which reports 99.9% end-to-end specificity, including carrier screening and sgNIPT. **4.** Wynn J, et al. Performance of single-gene noninvasive prenatal testing for autosomal recessive conditions in a general population setting. *Prenat Diagn*. 2023 Sep; 43(10):1344-1354. doi:10.1002/pd.6427. Epub 2023 Sep 6. PMID: 37674263. **5.** Tsao, D. S., et al. (2019). A novel high-throughput molecular counting method with single base-pair resolution enables accurate single-gene NIPT. *Scientific Reports*, 9, 14382. https://doi.org/10.1038/s41598-019-50378-8. **6.** Hoskovec, Jennifer, et al. "Maternal carrier screening with single-gene NIPS provides accurate fetal risk assessments for recessive conditions." Genetics in Medicine 25.2 (2023): 100334. **7.** Riku S. et al. (2022) Reflex single-gene non-invasive prenatal testing is associated with markedly better detection of fetuses affected with single-gene recessive disorders at lower cost, Journal of Medical Economics, 25:1, 403-411 DOI: 10.1080/13696998.2022.2053384. **8.** Westin, E.R., et al. (2022). Validation of single-gene noninvasive prenatal testing for sickle cell disease. Am J Hematol, 97: E270-E273. doi:10.1002/ajh.26570. **9.** Alford, Brian, et al. "Validation of a non-invasive prenatal test for fetal RhD, C, c, E, K and Fya antigens." *Scientific Reports* 13.1 (2023): 12786. **10.** Wynn J, et al. Performance Characteristics of a Next Generation Sequencing-Based cfDNA Assay for Common Aneuploidies in a General Risk Population. Ann Gynecol Obstetr. Res. 2024; 7(1): 102. **11.** Rego, Shannon, et al. "Cell-free DNA analysis for the determination of fetal red blood cell antigen genotype in individuals with alloimmunized pregnancies." Obstetrics & Gynecology (2022): 10-1097. **12.** Mateus-Nino, Julio F., et al. "Clinical performance of cell-free DNA for fetal RhD detection in RhD-negative pregnant individuals in the United States." Obstetrics & Gynecology 145.4 (2025): 402-408. **13.** Wynn, J., et al. "Routine cell-free DNA prenatal screening identifies pregnancies at high risk for cystic fibrosis that may benefit from fetal therapy." *Journal of Cystic Fibrosis* (2025). **14.** Strauss, T S et al. "Barriers to completion of expanded carrier screening in an inner city population." Genetics in medicine : official journal of the American College of Medical Genetics vol. 25,7 (2023): 100858. doi:10.1016/j.gim.2023.100858 **15.** Internal data on file. Aug 2025. **16.** Carrier screening in the age of genomic medicine. Committee Opinion No. 690. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2017;129:e35-40. **17.** Unity Aneuploidy NIPT clinical outcomes analysis. Data on file. May 2026.. **18.** Carlotti, K et al. "Perceived barriers to paternal expanded carrier screening following a positive maternal result: To screen or not to screen." *Journal of Genetic Counseling* Vol. 30,2 (2021): 470-477. doi:10.1002/jgc4.1333 Ghiossi CE, Goldberg JD, Haque IS, Lazarin GA, Wong KK. Clinical Utility of Expanded Carrier Screening: Reproductive Behaviors of At-Risk Couples. *J Genet Couns*. 2018 Jun;27(3):616-625. doi: 10.1007/s10897-017-0160-1. Epub 2017 Sep 27. PMID: 28956228; PMCID: PMC5943379. **19.** Prevention of Rh D Alloimmunization. Obstetrics & Gynecology 130(2):p e57–e70, August 2017. DOI: 10.1097/AOG.0000000000002232. **20.** BillionToOne, Inc. (2025). Internal billing data on file. **21.** American College of Obstetricians and Gynecologists, and Society for Maternal-Fetal Medicine. "Screening for fetal chromosomal abnormalities: ACOG practice bulletin, number 226." Obstetrics & Gynecology 136.4 (2020): e48-e69. **22.** Ashimi Balogun, Olaide, et al. "High frequency of critical and rising titers in alloimmunized pregnancies with antigen-negative fetuses." Pregnancy 1.6 (2025): e70113. **23.** Okoror, Collins Ejakhianghe Maximilian, and Suruchi Arora. "Prenatal diagnosis after high chance non-invasive prenatal testing for trisomies 21, 18 and 13, chorionic villus sampling or amniocentesis?–Experience at a district general hospital in the United Kingdom." European Journal of Obstetrics & Gynecology and Reproductive Biology: X 19 (2023): 100211 **24.** Mokhtar, Rifat, et al. "Comparing non-invasive prenatal testing with invasive testing for the detection of trisomy 21." Cureus 14.11 (2022). **25.** Chetty, Shilpa, Matthew J. Garabedian, and Mary E. Norton. "Uptake of noninvasive prenatal testing (NIPT) in women following positive aneuploidy screening." Prenatal Diagnosis 33.6 (2013): 542-546. **26.** American College of Obstetricians and Gynecologists. (2017). Carrier screening in the age of genomic medicine (Committee Opinion No. 690). Obstetrics & Gynecology, 129(3), e35–e40.

Contact Us

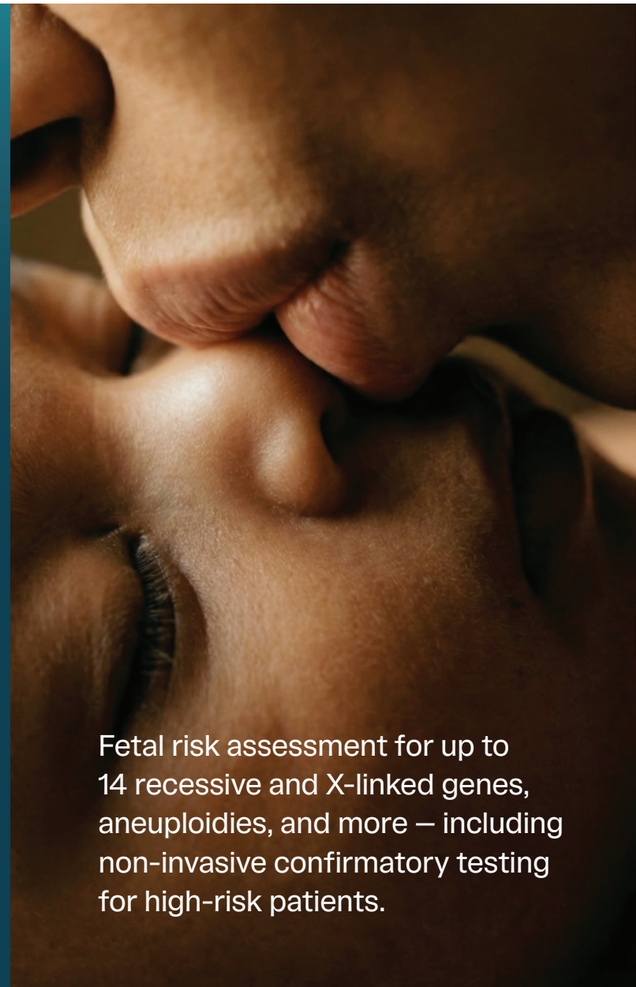
650.460.2551
support@unityscreen.com

Unity tests can produce false-positive and false-negative results. Results are not a guarantee. Amniocentesis should always be considered with high risk results. Important medical decisions should not rely on Unity test results alone. Clinical correlation is necessary, including but not limited to the results of prior and further prenatal testing. Unity tests are laboratory-developed tests performed in a CLIA-certified and CAP-accredited laboratory. They are not FDA-approved or FDA-cleared diagnostic tests. Test performance may vary based on gestational age and other factors.

UNITY

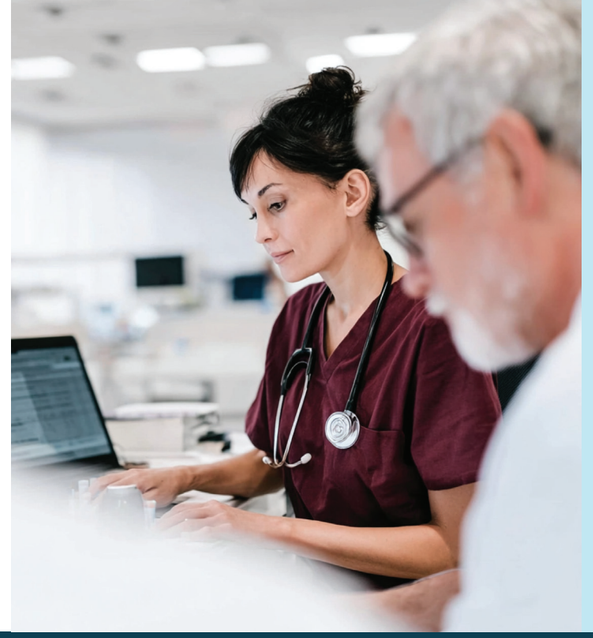
by BILLIONTOONE

The new standard in prenatal care.



Fetal risk assessment for up to 14 recessive and X-linked genes, aneuploidies, and more — including non-invasive confirmatory testing for high-risk patients.

Together with you. We are redefining what is possible.



We don’t build tests to match the market. We build tests to move care forward.

2019

Launched
Unity Fetal Risk™ Screen

First commercially available NIPT to assess fetal risk for **recessive conditions** without relying on partner testing.

2020

Launched
Unity Aneuploidy™ Screen and Unity Fetal RhD™ NIPT

Introduced a unified prenatal testing platform, including the first widely available non-invasive test to determine **fetal RhD status in RhD-negative pregnancies**.

2022

Launched
Unity Fetal Antigen™ NIPT

First-and-only NIPT to determine **fetal red blood cell (RBC) antigen status** in alloimmunized pregnancies at-risk for HDFN.

2023

Unity Fetal Risk Screen leads the way for sgNIPT

Awarded top 10 clinical advancement of 2023 by AJHG.

2024

Clinical Guidelines Recognized cfDNA-Based Fetal Antigen Testing

Two ACOG guideline updates supporting the use of cfDNA to determine fetal RhD and fetal antigen status, **citing Unity clinical data** as supporting evidence.

2025

Unity Platform Milestones & Expansions

- Unity surpasses **1,000,000 tests ordered**[1]
- Launch of **Unity Fetal Risk Screen 14-gene panel**
- *JAMA Network Open* guideline recommends **cfDNA for fetal antigen testing**, citing Unity data[11]

2026

Expanded Unity Fetal Antigen NIPT

Launch of **Unity’s expanded RBC Fetal Antigen NIPT and the first-and-only Platelet Fetal Antigen NIPT available in the US,** enabling fetal risk assessment in pregnancies at-risk for FNAIT.

2026

Newly Launched Unity Confirm™

Launch of the **first-and-only non-invasive confirmatory test for high-risk cfDNA results** using whole genome sequencing of intact circulating fetal cells.

Where others stop, we keep going.

The first and only non-invasive prenatal test delivering direct fetal risk assessment of recessive conditions, aneuploidies, and more from a single maternal blood draw[§] — **with non-invasive confirmatory testing for high-risk Unity Aneuploidy Screen results.**[†]

cfDNA Testing

Unity Fetal Risk™ Screen

For recessive and x-linked genes

5 genes (ACOG Guideline)[26]

- Cystic Fibrosis
- Spinal Muscular Atrophy
- Sickle Cell Disease
- Alpha-Thalassemia
- Beta-Thalassemia
- Fragile X** optional

14 genes (ACOG Plus)[26]

Additional screening for conditions prevalent in Ashkenazi Jewish and pan-ethnic populations.

- Canavan Disease
- MCAD Deficiency
- Tay-Sachs Disease
- Familial Dysautonomia
- Smith-Lemli-Opitz Syndrome
- PMM2-Congenital Disorder of Glycosylation
- DMD-Associated Dystrophinopathies**
- PAH Deficiency (PKU)

For pregnant carriers, cfDNA fetal risk analysis will be performed to determine the likelihood of an affected pregnancy**

Unity Aneuploidy™ Screen

For chromosomal conditions

- Trisomy 21*
- Trisomy 18*
- Trisomy 13*
- Sex Chromosome Aneuploidies: XO, XXY, XYY, XXX
- Zygosity included for twins
- 22q11.2 Microdeletion Syndrome* optional
- Fetal Sex* optional

Unity Fetal Antigen™ Tests

For fetal antigen status

Unity Fetal RhD NIPT*

For non-alloimmunized RhD- pregnancies

Unity Fetal Antigen NIPT*

Red Blood Cell Fetal Antigen NIPT
For alloimmunized pregnancies at risk of HDFN

Platelet Fetal Antigen NIPT
For alloimmunized pregnancies at risk of FNAIT

\+ Only with Unity Aneuploidy Screen

Circulating Fetal Cell Testing

Unity Confirm™

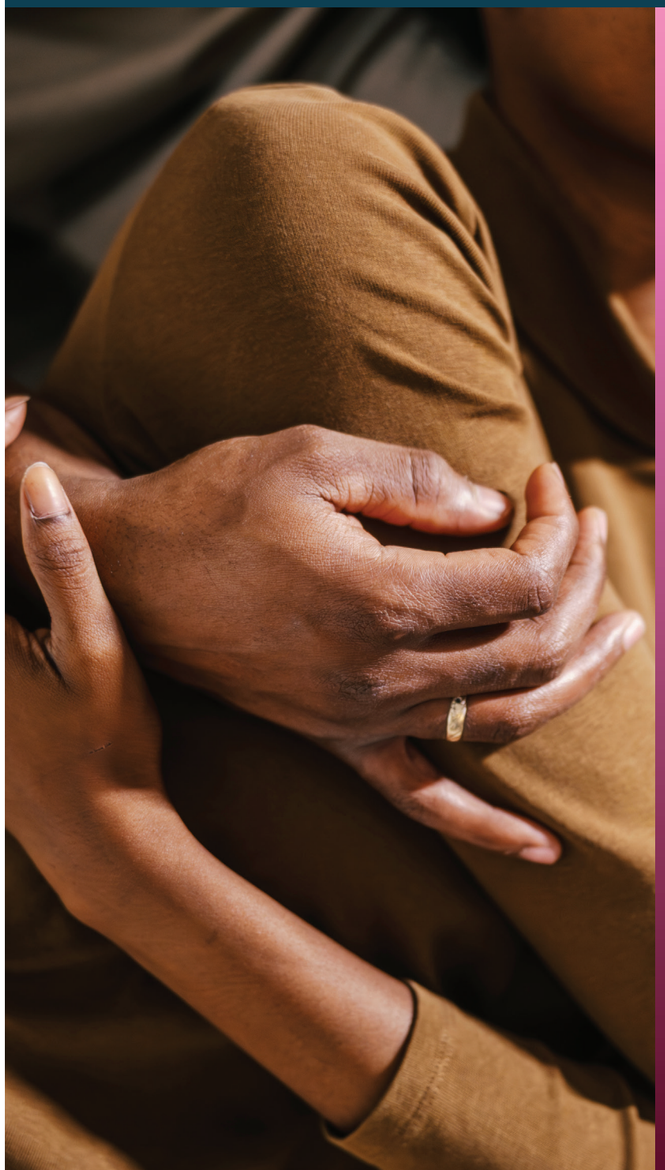
For confirmation of high-risk results

Unity Confirm for Aneuploidy NIPT†

Non-invasive confirmatory testing for high-risk aneuploidy powered by Fetal Cell Capture™ technology.

Not available for monosomy X

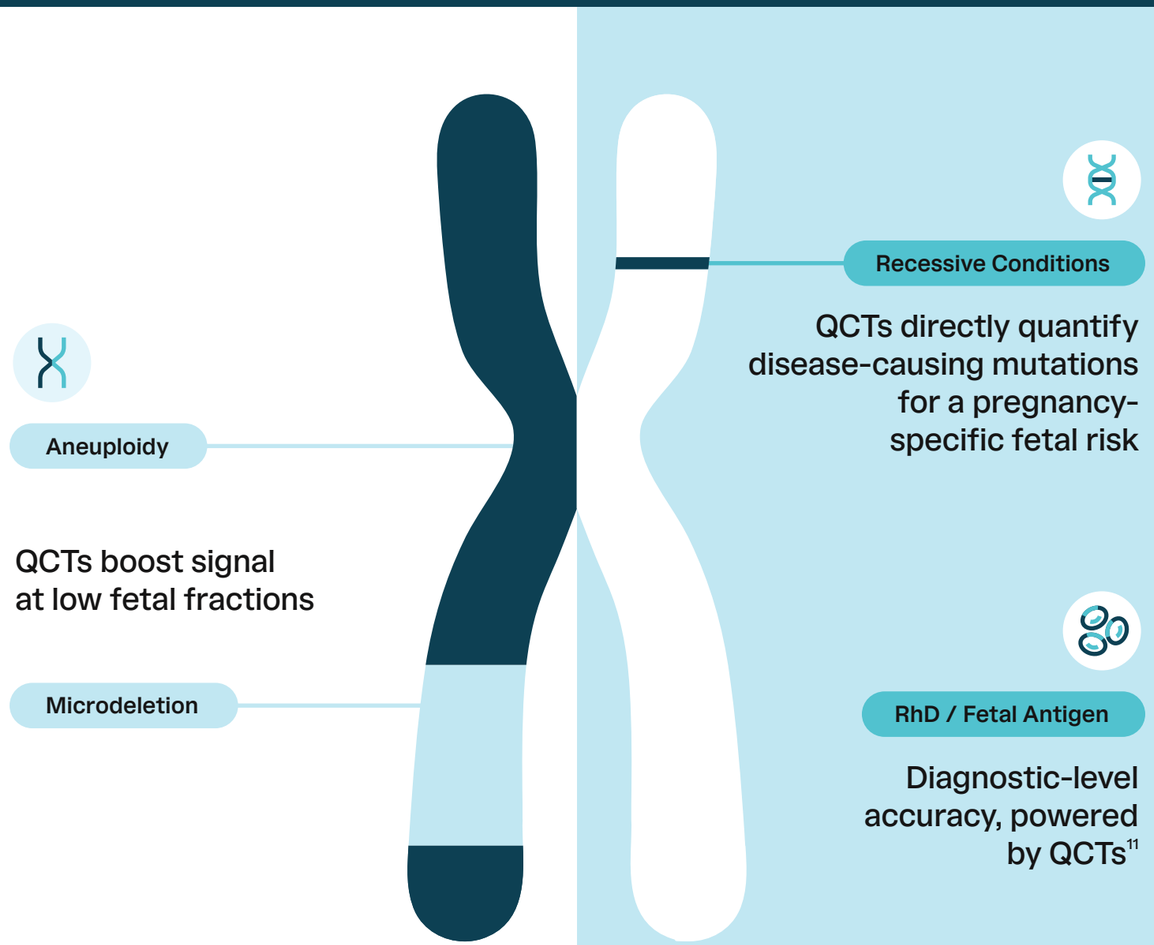
\+ Only with Unity Aneuploidy Screen



§ Partner testing is available but not required to produce an accurate fetal risk assessment. * Available for mono and dizygotic twins. ** For X-linked genes (FMR1 + DMD) fetal risk is clarified via fetal sex only. † Available for patients who receive a high-risk UNITY Aneuploidy result. Requires a second blood draw prior to 15 weeks 6 days gestation. Not available for high-risk monosomy X pregnancies. Twin or higher multiple pregnancies, vanishing twins, gestational carriers or egg donors, or for pregnancies past >15 weeks 6 days' gestation. Only available in the US.

Insights into the fetus are possible with QCT™ technology.

Exclusive to Unity, Quantitative Counting Template™ (QCT) technology does what other technologies cannot: precisely quantify the disease-causing mutation in cfDNA to deliver a pregnancy-specific fetal risk assessment for up to 14 recessive and X-linked genes with >95% sensitivity[2].



First-of-kind tests backed by clinical data.

Explore our evidence including the data behind Unity Confirm

nature scientific reports
FR A
Analytical validity of single-gene NIPT with an estimated sensitivity of >98% and specificity of >99%[5]
OCT 2019

JME Journal of Medical Economics
FR H
The cost to detect one affected pregnancy by Unity Fetal Risk Screen was 62% lower than traditional carrier screening[7]
MAR 2022

American Journal of Hematology
FR H
Accurately identified all sickle cell affected pregnancies as high-risk at a greater than 9 in 10 risk[8]
APR 2022

Genetics in Medicine
FR C
99.4% NPV and >90% sensitivity[6]
DEC 2022

PRENATAL DIAGNOSIS
FR C
Assay sensitivity of 96% and NPV of 99.8%. 9-out-of-10 results were confirmed to be affected via neonatal outcomes[4]
SEP 2023

nature scientific reports
Rh FA C A
Analytical sensitivity and specificity of >99.9%[9]
AUG 2023

Annals of Gynecology and Obstetrics Research
AP C
99.7% sensitivity & 99.9% specificity for autosomal trisomies. 80% of patients were <35 years[10]
MAY 2024

OBSTETRICS & GYNECOLOGY
FA C
100% concordance with 465 neonatal outcomes[11]
JUL 2024

OBSTETRICS & GYNECOLOGY
Rh C
100% concordance with 401 clinical outcomes 5 *RHDΨ* + 5 *RHD-CE-D* hybrid genes detected in non-alloimmunized RhD-neg patients[12]
APR 2025

Journal of Cystic Fibrosis
FR C
Retrospective review of >100,000 consecutive general-risk pregnant patients. 100% sensitivity, >99.9% specificity[13]
SEP 2025

PREGNANCY
FA C
Critical titers were reached in ~70% of pregnancies regardless of fetal antigen (FA) status. Titers after cfDNA shows a FA-negative result may be misleading[22]
OCT 2025

Awarded **Top 10 Clinical Advancement of 2023** by AJHG

Product
- FR Unity Fetal Risk Screen
- AP Unity Aneuploidy NIPT
- FA Unity Fetal Antigen NIPT
- Rh Unity Fetal RhD NIPT

Publication Scope
- A Analytical Validation
- C Clinical Validation
- H Health Economics Utility

Unity Fetal Risk™ Screen

Simplified workflow. Pregnancy-specific insights. Designed with obstetric healthcare providers in mind.

Traditional Carrier Screening

- Maternal blood draw to determine carrier status
- Post-test genetic counseling
- Partner sample is required for reproductive risk

  Less than 50% of partners complete carrier screening[14]
- Couples receive a maximum **reproductive risk of 25%**
- Post-test genetic counseling

Unity Fetal Risk Screen

- Maternal blood draw to determine carrier status **and fetal risk** for recessive conditions
- Personalized fetal risk provided for this specific pregnancy (up to **9 in 10** or down to **1 in 10,000**)[4]
- Post-test genetic counseling available with BillionToOne's licensed genetic counselors

While partner testing is accepted, it is not required for an accurate fetal risk assessment.

Trusted by providers nationwide with over 1 million Unity tests ordered.[15]

Example Report

Dual panel flexibility in a single test

	Patient Carrier Status	cfDNA Fetal Risk Status
ACOG Guideline Panel		
Alpha-Thalassemia *HBA1 HBA2*	Negative	N/A
Cystic Fibrosis *CFTR*	POSITIVE	L Low Risk
Sickle Cell Disease / Beta Thalassemia / Hemoglobinopathies *HBB*	Negative	N/A
Spinal Muscular Atrophy *SMN1*	Negative	N/A
Fragile X Syndrome *FMR1*	Negative 32/30 repeats	N/A
***Plus* Panel**		
Canavan Disease *ASPA*	Negative	N/A
DMD-Associated Dystrophinopathies *DMD*	Negative	N/A
Familial Dysautonomia *ELP1*	Negative	N/A
Medium-Chain Acyl-CoA Dehydrogenase Deficiency *ACADM*	Negative	N/A
Phenylalanine Hydroxylase Deficiency (PKU) *PAH*	Negative	N/A
PMM2-Congenital Disorder of Glycosylation *PMM2*	Negative	N/A
Smith-Lemli-Opitz Syndrome *DHCR7*	POSITIVE	H HIGH RISK
Tay-Sachs Disease *HEXA*	Negative	N/A

Fetal risk **specific to the pregnancy** is assessed without a partner sample:

Risk *Before* cfDNA	Fetal Risk *After* cfDNA	
1 in 100 - 1 in 472	1 in 4000	Low Risk

For positive carriers, fetal risks can be clarified down to **1 in 10,000...**

L 99% of patients will receive a reassuring, low fetal risk result[3]

... or up to **9 in 10:**

Risk *Before* cfDNA	Fetal Risk *After* cfDNA	
1 in 284 - 1 in 732	9 in 10	HIGH RISK

With easy-to-read results and fetal risk assessment, you can confidently counsel patients and support care decisions.

Early detection can make a difference.

Conditions Screened	Carrier Frequency[16]	Available Interventions
Cystic Fibrosis	1 in 29-38	Gene or Enzyme Therapies; Dietary Modifications; Multidisciplinary Care
Spinal Muscular Atrophy	1 in 54	Gene or Enzyme Therapies; Multidisciplinary Care
Sickle Cell Disease	1 in 8-33	Gene or Enzyme Therapies; Dietary Modifications
Alpha-Thalassemia	1 in 112	Gene or Enzyme Therapies; Dietary Modifications
Beta-Thalassemia	1 in 33	Gene or Enzyme Therapies; Dietary Modifications
Canavan Disease	1 in 44-439	Multidisciplinary Care; Early Intervention Programs
DMD-Associated Dystrophinopathies	1 in 717	Gene or Enzyme Therapies; Multidisciplinary Care; Early Intervention Programs
Familial Dysautonomia	1 in 35-402	Multidisciplinary Care; Early Intervention Programs
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	1 in 67	Dietary Modifications
PMM2-Congenital Disorder of Glycosylation	1 in 70	Multidisciplinary Care; Early Intervention Programs
Phenylalanine Hydroxylase Deficiency (PKU)	1 in 79	Gene or Enzyme Therapies; Dietary Modifications
Smith-Lemli-Opitz Syndrome	1 in 71	Dietary Modifications; Multidisciplinary Care; Early Intervention Programs
Tay-Sachs Disease	1 in 28-193	Multidisciplinary Care
Fragile X Syndrome	1 in 201	Multidisciplinary Care; Early Intervention Programs

Gene or Enzyme Therapies
Early detection enables access to therapies that may significantly improve outcomes

Dietary Modifications
May improve outcomes and help alleviate symptoms

Multidisciplinary Care
Early detection allows families to connect with specialists for immediate postnatal care

Early Intervention Programs
Intervention programs and IEPs support development with demonstrated benefits

Risks shown are for general population. Ranges reflect carrier frequencies of specific populations with high prevalence of the condition (e.g., Black, Ashkenazi Jewish).

Quantify fetal cfDNA for a precise assessment of fetal risk.

Unity Fetal Risk Screen offers highly accurate fetal risk assessment for inherited conditions in the general pregnant population and is able to identify affected pregnancies with both homozygous or heterozygous variants.

By both sequencing and directly quantifying disease-causing mutations in cfDNA from a single maternal blood sample, Unity Fetal Risk Screen **detects approximately three times more affected pregnancies compared to traditional carrier screening**.

This efficient workflow removes barriers associated with partner testing and provides personalized fetal risk assessment early in pregnancy, making it an ideal solution for routine prenatal care across diverse patient populations.

Performance of single-gene noninvasive prenatal testing for autosomal recessive conditions in a general population setting[4]

Published in 2023

PRENATAL
DIAGNOSIS

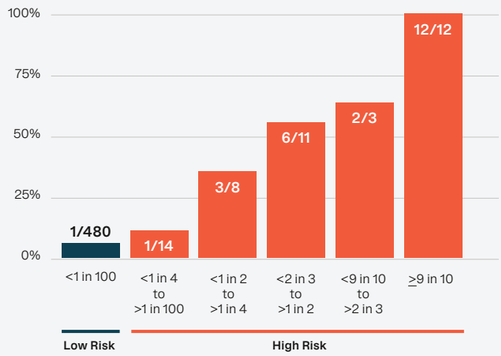
96.0%
sensitivity
Accuracy in detecting affected pregnancies with homozygous and heterozygous variants

>99%
specificity
Minimize false positives to help reduce unnecessary follow-up

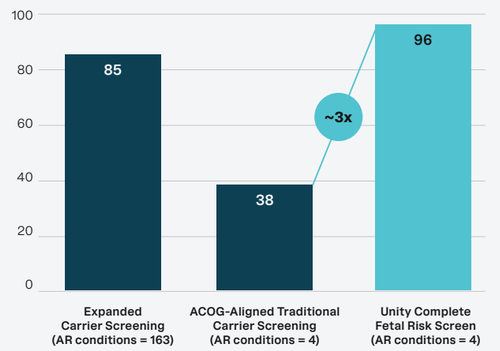
All cases identified as a **9 in 10 risk** in the study cohort were confirmed to have an affected child.

Unity overcomes challenges of traditional carrier screening, **including lack of partner follow-up** (58%) and **misattributed paternity** (~10%) — providing patients with timely and accurate fetal risk assessment.[14,17,18]

Proportion of pregnancies confirmed to have an affected child.



Number of affected fetuses per 100,000 pregnancies identified as high-risk.



Unity Aneuploidy™ Screen

Optimized technology.
Designed for a general obstetric population.

Unity Aneuploidy Screen harnesses **NGS (next-generation sequencing), SNP, and QCT technology** and is designed to deliver precise and highly accurate fetal risk assessment for chromosomal abnormalities.

- Aligned to current ACOG recommendations for aneuploidy screening[21]
- Standard panel includes T21, T18, T13, XO, XXY, XYY, and XXX
- Zygosity included for all twin pregnancies and individual fetal sex

Unity Confirm exclusively available through Unity Aneuploidy Screen.

Published in 2024

Annals of Gynecology and Obstetrics Research

Performance Characteristics of a Next Generation Sequencing-Based cfDNA Assay for Common Aneuploidies in a General Risk Population[10]

Mean Test Characteristics*	n = 114,707
Maternal Age	**29 years old**
Gestational Age	**13.9 weeks**
Fetal Fraction	**9.30%** min 1.5%; max 39%

* Reflects the full cohort.

Performance Metrics**	Trisomy 21	Trisomy 18	Trisomy 13	Combined Autosomes
Sensitivity	**>99%**	**>99%**	**>99%**	**>99%**
Specificity	**99.7%**	**>99.9%**	**>99.9%**	**99.9%**
PPV	**>90%**	**>97%**	**>73%**	**>90%**
NPV	**>99.9%**	**>99.9%**	**>99.9%**	**>99.9%**

** Based on a confirmed subset.

Expand your aneuploidy screening to accommodate diverse clinical needs with **flexible add-on options** that can be requested at any point during pregnancy, even post-initial results.

Add-On

22q11.2 Microdeletion Syndrome

- Highly accurate detection through precise fetal cfDNA quantification
- Screens the full A-D region and select nested microdeletions
- >95% sensitivity, >99.9% specificity, and 74% positive predictive value (PPV) supported by reported pregnancy outcomes.[17]

Unity Fetal RhD & Antigen™ NIPT

250,000+ Fetal RhD and Antigen tests performed since 2020.[12]

Add-On

Unity Fetal RhD™ NIPT

for non-alloimmunized RhD-negative pregnancies

Designed to detect key variants (*RHD* deletion, *RHDΨ*, *RHD-CE-D* hybrid), ensuring higher accuracy across the diverse US population.

Traditional Workflow

Fetal RhD antigen status is **often unknown** without invasive procedure

All RhD-negative mothers receive $RH_0(D)$ immune globulin

Unity Fetal RhD NIPT

Determines fetal RhD antigen status

40% of fetuses are identified as RhD-negative; $Rh_0(D)$ immune globulin not indicated[19]

Add-On

Unity Fetal Antigen™ NIPT

for alloimmunized pregnancies

Red Blood Cell Fetal Antigen NIPT

Designed to determine fetal antigen status for many common antigens such as D, C, E, e, K (Kell), M, N, and more.

>99.9% sensitivity[11]

>99.9% specificity[11]

100% concordance with neonatal outcomes[11]

Platelet Fetal Antigen NIPT

Designed to determine platelet fetal antigen status for common platelet antigens including HPA-1a.

Scan to learn more

Unity Confirm™

Available exclusively through Unity Aneuploidy Screen

While amniocentesis remains the gold standard, the majority of patients cannot, or choose not to, pursue invasive testing after a high-risk NIPT result.[23,24,25]

Unity Confirm bridges this gap, bringing confirmatory testing within reach.

Broadens access to testing regardless of resource barriers

Supports patients who decline invasive testing but still want more information

Empowers patients and providers with additional data for informed clinical decisions

Powered by Fetal Cell Capture™ technology, Unity Confirm captures intact circulating fetal cells – delivering rapid CVS-like insights – without the procedural risks.*

- Non-invasive confirmatory testing
- Available exclusively following a high-risk Unity Aneuploidy Screen result**
- Available through 15 weeks 6 days gestation
- Whole genome sequencing of individual intact circulating fetal cells
- Effectively provides 100% fetal fraction***
- Imaging and sequencing-based fetal cell confirmation allowing for high accuracy

* Unity Confirm and rapid CVS both analyze fetal-derived trophoblast cells. Unity Confirm isolates individual cells via whole genome sequencing, which is performed on each cell separately, whereas rapid CVS is often performed via FISH. While rapid CVS may analyze more cells, WGS generates more data per cell. In both rapid CVS and fetal cell capture, mosaicism cannot be excluded. No medical decisions should be made based on Unity Confirm alone. Clinical correlation is necessary.

** Unity Confirm is not available for high-risk monosomy X pregnancies, twin or higher multiple pregnancies, vanishing twins, gestational carriers or egg donors, or for pregnancies >15 weeks 6 days gestation. Only available in the US.

*** In rare instances, results may rely on a single cell that is co-sequenced with 1-2 maternal cells, which may reduce fetal fraction to 33% or 50%. When this occurs, the report clearly indicates this limitation.

Unity Confirm has demonstrated 100% concordance with known fetal outcomes.†

16/16

samples

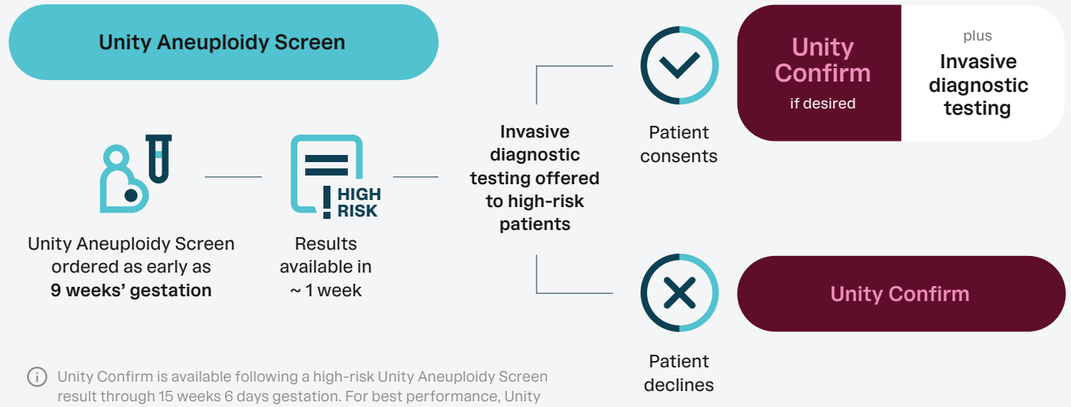
† Unity Confirm results were compared with diagnostic testing via karyotype or microarray analysis of chorionic villus, amniocytes, products of conception, or with clinical diagnosis via fetal anatomy scan or physical exam of the resulting neonate if no genetic testing was performed.

Now enrolling in the largest prospective study of circulating fetal cell-based testing with invasive, diagnostic outcomes.

Target enrollment of 1,000 patients with concordance to invasive diagnostic testing.

Read the white paper and ongoing evidence supporting Unity Confirm.

Unity Confirm in your practice.



Unity Confirm is available following a high-risk Unity Aneuploidy Screen result through 15 weeks 6 days gestation. For best performance, Unity Confirm should be ordered as early as possible, as intact circulating fetal cells can decrease with gestational age.