

Natera Panorama Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. Which statement best describes invasive diagnostic testing during pregnancy?**
 - A. It is non-invasive and risk-free**
 - B. It is optional and risk-free**
 - C. It is invasive and carries a small risk of miscarriage**
 - D. It is only performed after birth**

- 2. The fraction of DNA in maternal plasma that originates from the placenta is called:**
 - A. Gestational index**
 - B. Maternal fraction**
 - C. Fetal fraction**
 - D. Laboratory yield**

- 3. Which factor can contribute to a false-positive signal in Panorama for trisomy 21?**
 - A. Fetal mosaicism**
 - B. Technical failure unrelated to maternal genetics**
 - C. Maternal CNVs in relevant regions.**
 - D. None of the above**

- 4. What are typical next steps after a no-call result?**
 - A. Repeat sampling or diagnostic testing.**
 - B. Proceed with routine prenatal care.**
 - C. Ignore the no-call and plan delivery.**
 - D. Perform an alternative noninvasive test.**

- 5. ___ occurs when monochorionic twins share unequal amounts of the placenta's blood supply and affects 10% of monochorionic twins**
 - A. Placental Anastomosis Syndrome**
 - B. Twin-to-Twin Hemorrhage**
 - C. Amniotic Fluid Imbalance**
 - D. Twin to Twin Transfusion**

- 6. Microdeletions in Panorama are detected how?**
- A. No microdeletions analysis**
 - B. Yes, for all regions**
 - C. Yes, but only with the Panorama Microdeletions option, which includes a defined panel of select microdeletion regions; performance varies by region**
 - D. Microdeletions are only available in special research settings**
- 7. Individuals with three copies of chromosome 13 have _____, also known as _____.**
- A. monosomy 13, Turner syndrome**
 - B. trisomy 18, Edwards syndrome**
 - C. trisomy 13, Patau syndrome**
 - D. trisomy 21, Down syndrome**
- 8. Which statement best describes why fetal cfDNA in maternal blood is considered placental in origin?**
- A. Because fetal DNA is derived from paternal cells circulating in maternal blood.**
 - B. Because the fetal DNA fragments reflect placental trophoblasts rather than direct fetal tissues.**
 - C. Because the placenta secretes all maternal DNA.**
 - D. Because only maternal DNA can cross into maternal blood.**
- 9. What is the average fetal fraction?**
- A. 4-6%**
 - B. 10-12%**
 - C. 1-2%**
 - D. 20-25%**
- 10. What is the purpose of positive predictive value in screening tests?**
- A. The probability of false positives**
 - B. The probability of false negatives**
 - C. The probability that a positive result indicates actual disease**
 - D. The probability that a negative result is correct**

Answers

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1. C
2. C
3. C
4. A
5. D
6. C
7. C
8. B
9. B
10. C

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Explanations

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1. Which statement best describes invasive diagnostic testing during pregnancy?

- A. It is non-invasive and risk-free**
- B. It is optional and risk-free**
- C. It is invasive and carries a small risk of miscarriage**
- D. It is only performed after birth**

Invasive diagnostic testing involves obtaining fetal tissue or cells by penetrating the uterus to analyze the fetus directly. Because it requires crossing the uterine barrier, there is a small but real risk of miscarriage (along with other procedure-related risks). It is not non-invasive, not risk-free, and it is not something performed after birth. Invasive tests are used when definitive genetic information is needed or when screening results indicate higher risk. This is why describing invasive testing as invasive and carrying a small risk of miscarriage best captures its nature.

2. The fraction of DNA in maternal plasma that originates from the placenta is called:

- A. Gestational index**
- B. Maternal fraction**
- C. Fetal fraction**
- D. Laboratory yield**

In noninvasive prenatal testing, the DNA in maternal plasma comes from two sources: the mother and the fetus. The portion that originates from the placental fetal DNA is called the fetal fraction. This measure matters because having enough fetal DNA relative to maternal DNA is necessary for reliable results; a low fetal fraction can lead to inconclusive or unreliable testing. The other terms aren't used to describe this placental fetal DNA portion—gestational index isn't a standard term, maternal fraction would refer to the mother's DNA share, and laboratory yield refers to the total amount of DNA recovered, not its fetal origin.

3. Which factor can contribute to a false-positive signal in Panorama for trisomy 21?

- A. Fetal mosaicism**
- B. Technical failure unrelated to maternal genetics**
- C. Maternal CNVs in relevant regions.**
- D. None of the above**

In Panorama-type noninvasive prenatal testing, the result for trisomy 21 depends on the relative amount of chromosome 21 DNA in the maternal plasma, which is a mixture of fetal and maternal DNA. If the mother herself has copy number variants that duplicate regions on chromosome 21, her own DNA contributes extra chromosome 21 copies to the circulating DNA. That additional maternal chromosome 21 signal can make the test read as if the fetus also has an extra chromosome 21, producing a false-positive result even when the fetus is euploid. This maternal CNV interference is a known confounder in interpreting NIPT results. While other factors like fetal mosaicism or technical issues can affect results, the specific factor that can create an apparent, misleading increase in chromosome 21 reads is maternal CNVs in the relevant regions.

4. What are typical next steps after a no-call result?

- A. Repeat sampling or diagnostic testing.**
- B. Proceed with routine prenatal care.**
- C. Ignore the no-call and plan delivery.**
- D. Perform an alternative noninvasive test.**

When a noninvasive prenatal test returns a no-call, it means the result couldn't be interpreted because there isn't enough fetal DNA in the sample or there was a technical failure. The best next step is to obtain another sample to try to get an interpretable result. If the repeat test still yields no result or if there are other risk factors, moving to diagnostic testing (such as chorionic villus sampling or amniocentesis) provides a definitive assessment of fetal chromosomes. It isn't appropriate to proceed with routine prenatal care without a result, and ignoring the no-call isn't reasonable. While an alternative noninvasive test might be considered in some settings, the typical next steps are repeating the sampling or opting for diagnostic testing.

5. ___ occurs when monochorionic twins share unequal amounts of the placenta's blood supply and affects 10% of monochorionic twins

- A. Placental Anastomosis Syndrome**
- B. Twin-to-Twin Hemorrhage**
- C. Amniotic Fluid Imbalance**
- D. Twin to Twin Transfusion**

Monochorionic twins share one placenta with vascular connections between their circulations. If those placental vessels create an unbalanced blood flow, blood moves from one twin to the other. This pattern is Twin-to-Twin Transfusion Syndrome, which affects about 10% of monochorionic pregnancies. The donor twin ends up underperfused and often has oligohydramnios, while the recipient twin becomes volume overloaded with polyhydramnios and faces risk of heart failure. Other terms may describe parts of the situation (such as the presence of placental vessels or fluid imbalance) but TTTS is the specific condition that captures the unequal blood sharing between the twins.

6. Microdeletions in Panorama are detected how?

- A. No microdeletions analysis**
- B. Yes, for all regions**
- C. Yes, but only with the Panorama Microdeletions option, which includes a defined panel of select microdeletion regions; performance varies by region**
- D. Microdeletions are only available in special research settings**

Microdeletions are detected only when you enable the Microdeletions option in Panorama. This option uses a defined panel of select microdeletion regions, so only those specific regions are screened and reported. The sensitivity and performance vary by region because different deletions have different sizes, breakpoints, and genomic contexts that affect detection. If the Microdeletions option isn't selected, Panorama won't perform microdeletion analysis. The approach is an optional, region-specific panel rather than a universal or research-only feature.

7. Individuals with three copies of chromosome 13 have _____, also known as _____.
- A. monosomy 13, Turner syndrome
 - B. trisomy 18, Edwards syndrome
 - C. trisomy 13, Patau syndrome**
 - D. trisomy 21, Down syndrome

Having three copies of chromosome 13 is a trisomy for chromosome 13, which is called Patau syndrome. Trisomy means an extra copy of a chromosome, and for chromosome 13 this leads to severe congenital anomalies and often early mortality, reflecting the major disruption caused by the additional genetic material. The other patterns refer to different chromosomal abnormalities: Turner syndrome involves a missing X chromosome (monosomy X), Edwards syndrome is trisomy 18, and Down syndrome is trisomy 21.

8. Which statement best describes why fetal cfDNA in maternal blood is considered placental in origin?
- A. Because fetal DNA is derived from paternal cells circulating in maternal blood.
 - B. Because the fetal DNA fragments reflect placental trophoblasts rather than direct fetal tissues.**
 - C. Because the placenta secretes all maternal DNA.
 - D. Because only maternal DNA can cross into maternal blood.

Fetal cfDNA in maternal blood is placental in origin because it comes from the placental trophoblasts, which are fetal in origin. These placental cells shed small DNA fragments into the maternal circulation as they undergo normal turnover, so the fetal DNA detected in maternal plasma actually mirrors the fetal genome but is derived from placental tissue. The placenta acts as the main source of this fetal DNA rather than direct DNA from fetal organs, which is why the fetal signal in noninvasive prenatal testing is described as placental in origin. The other statements don't fit: paternal circulating cells aren't the source of this fetal DNA, the placenta doesn't supply maternal DNA, and maternal DNA crossing into maternal blood doesn't explain why the fetal signal is placental.

9. What is the average fetal fraction?
- A. 4-6%
 - B. 10-12%**
 - C. 1-2%
 - D. 20-25%

Fetal fraction is the portion of cell-free DNA in maternal blood that comes from the fetus, and it's what the test uses to look for chromosomal abnormalities. In most pregnancies, this fetal DNA makes up about 10% to 12% of the total cell-free DNA, so the average value of 10-12% is the best fit. That's why this option is the correct choice. Values much lower, like 4-6% or 1-2%, are below what's typically needed for reliable results and are not the usual average. A fraction around 20-25% can occur in some cases but is not the standard average. Factors like gestational age and maternal BMI can influence the exact fraction, but the common expectation remains around 10-12%.

10. What is the purpose of positive predictive value in screening tests?

- A. The probability of false positives**
- B. The probability of false negatives**
- C. The probability that a positive result indicates actual disease**
- D. The probability that a negative result is correct**

Positive predictive value answers the practical question: given a positive test result, how likely is it that the person actually has the disease? It's the post-test probability after a positive result, not just the test's accuracy in isolation. PPV depends on two things: how well the test detects disease (its sensitivity and specificity) and how common the disease is in the population being screened (prevalence). When the disease is rare, many positive results can be false positives even with good test accuracy, which lowers the PPV. Conversely, in a population with higher disease prevalence, a positive result is more likely to reflect true disease, raising the PPV. This is different from the probability of a false positive (1 minus specificity) and from the probability that a negative result is correct (the negative predictive value).

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://naterapanorama.examzify.com>

We wish you the very best on your exam journey. You've got this!

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