



leaders in genetic health

NATA ACCREDITED LABORATORY 3171

VCGS Specimen Reception, 4th Floor

The Royal Children's Hospital, Parkville 3052 Ph 8341 6258

## Prenatal Diagnostic Testing Request Form

Victorian Clinical Genetics Services  
Murdoch Children's Research Institute  
The Royal Children's Hospital  
Flemington Road, Parkville VIC 3052  
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W [vcgs.org.au](http://vcgs.org.au)

### PATIENT DETAILS

Name: \_\_\_\_\_ MEDICARE No: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### TESTS REQUESTED

### INDICATION

- ☐ \*nuchal translucency >3.5mm
- ☐ \*other ultrasound abnormality (specify) \_\_\_\_\_
- ☐ maternal age
- ☐ 1st trimester combined screening (specify risk) \_\_\_\_\_
- ☐ increased risk NIPT
- ☐ other (specify) \_\_\_\_\_

\*required for Medicare #73388

### PREGNANCY DETAILS

gestational age (by date): \_\_\_\_\_ (by ultrasound): \_\_\_\_\_

number of fetuses: \_\_\_\_\_

### PROCEDURE

- ☐ Amniocentesis ☐ CVS ☐ Fetal blood sampling

### COLLECTED

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Collected by: \_\_\_\_\_

### REQUESTING PRACTITIONER

Name: \_\_\_\_\_ PROVIDER No: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Signature: \_\_\_\_\_

Additional reports sent to: \_\_\_\_\_

### PATIENT CLASSIFICATION Patient status at the time of this service or specimen collection

- ☐ a private patient in a recognised hospital
- ☐ a public patient in a recognised hospital
- ☐ a private patient in a private hospital or approved day hospital facility
- ☐ an outpatient of a recognised hospital

\*Your doctor has recommended that you use The Victorian Clinical Genetics Services (VCGS). You are free to choose your own pathology provider. However, if your doctor has specified a particular pathologist on clinical grounds, a Medicare rebate will only be payable if that pathologist performs the service. You should discuss this with your doctor.