

# Prenatal notification

## single gene testing



At least 2 weeks prior notification required to ensure standard TAT

Email this completed form ASAP to: [VCGSgenomics@vcgs.org.au](mailto:VCGSgenomics@vcgs.org.au) &  
[prenatal.cytogenetics@vcgs.org.au](mailto:prenatal.cytogenetics@vcgs.org.au)

Patient name \_\_\_\_\_ DOB: \_\_\_\_\_

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

Partner name: \_\_\_\_\_

Referring clinician: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Copy result to: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Note: Prior discussion with laboratory is required to confirm the most appropriate test and associated cost.

Test requested

Clinical information (family history details):

Procedure to be performed by: \_\_\_\_\_ Phone: \_\_\_\_\_

Sample type: ☐ CVS ☐ Amnio ☐ Extracted DNA

Collection date: \_\_\_\_\_ Gestation (wks): \_\_\_\_\_

**Note: Sample collection** Prior discussion with laboratory is required to determine if additional samples are needed.

### Note: Consent

This DNA test has the potential to lead to complex clinical issues. Therefore, testing requires formal consent, pre and post test counselling, confidentiality procedures and dialogue between laboratory and clinical services (NPAAC Laboratory Accreditation Standards and Guidelines for Nucleic Acid Detection and Analysis 2006).