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MEDICARE #

**1. PATIENT DETAILS**

LAST NAME	GIVEN NAME	SEX	DATE OF BIRTH	LABORATORY REF
ADDRESS		POST CODE		MOBILE

**2. TEST REQUESTED**      **SAMPLE TYPE**

<input type="checkbox"/> <b>prepair 3</b> (CF, FXS, SMA)	<input type="checkbox"/> <b>SALIVA</b> (preferred type)    Order kit & pay for testing online: <a href="http://www.vcgs.org.au/order-prepair">www.vcgs.org.au/order-prepair</a>	<input type="checkbox"/> BLOOD <b>4mL EDTA blood.</b> Scan QR below for collection sites.
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**3. CLINICAL INFORMATION**

It is recommended that samples be taken pre-pregnancy or before 12 weeks gestation.

NOT-PREGNANT       UNSURE  
 PREGNANT TESTING  
 GESTATION (weeks): \_\_\_\_\_ EDD: \_\_\_\_\_  
 DONOR:  Egg     Sperm     Embryo     SD

**4. IS THERE A FAMILY HISTORY OF CF, FXS OR SMA?**

Biological Female Partner     YES     NO  
 Biological Male Partner         YES     NO  
 If yes, provide details on gene/variant, familial relationship:

**5. REPRODUCTIVE PARTNER DETAILS (in case partner testing required)**

LAST NAME	GIVEN NAME
SEX	DATE OF BIRTH      MOBILE

REQUESTING PRACTITIONER (provider #, initials, address)

PRACTITIONER SIGNATURE & REQUEST DATE

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**6. PATIENT CONSENT, SIGNATURE & EMAIL**

By signing this form, I request that VCGS perform the *prepair* genetic carrier screen. I have read the patient consent included on the back of this form. The risks & limitations of this test have been adequately explained to me.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

COPY REPORTS TO:

HOSPITAL STATUS  
State the patient's status at the time of the service or when the specimen was collected:

In some cases, Medicare rebates may apply for testing.

MEDICARE AGREEMENT:  
(Section 20A of the Health Insurance Act 1973) I offer to assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s) and any eligible pathologist determinable service(s) established as necessary by the practitioner.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SPECIMEN COLLECTION

I certify that the pathology accompanying the request was collected from the patient stated above as established by direct inquiry.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

**Patient copy & sample collection details**

**PATIENT DETAILS**

LAST NAME      GIVEN NAME

ADDRESS      POST CODE

**TEST REQUESTED**      *prepair 3 carrier screening*

Privacy note  
The information provided will be used to assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of government health programs, and may be used to update enrolment records. Its collection is authorised by the provisions of the Health Insurance Act 1973. The information may be disclosed to the Department of Health or to a person in the medical practice associated with this claim, or as authorised/required by law.

**SALIVA SAMPLE (preferred type)**

Visit our website to learn more about carrier screening, order your saliva kit and pay for your test.  
[www.vcgs.org.au/order-prepair](http://www.vcgs.org.au/order-prepair)

**BLOOD SAMPLE**

Scan the QR code to find an affiliated blood collection site.

**Payment:**

We'll send an SMS link to arrange payment. Ensure your mobile number is above. Payment queries can be directed to our accounts team.  
**P 1300 557 779**  
**E [vcgs.accounts@vcgs.org.au](mailto:vcgs.accounts@vcgs.org.au)**



[View collection sites](#)

Genetic counselling with a VCGS genetic counsellor is available to anyone considering this screening test  
P 9936 6402 | E [carrierscreening@vcgs.org.au](mailto:carrierscreening@vcgs.org.au)

### Purpose of the test

- *prepair 3* will identify individuals who are carriers for cystic fibrosis (CF), fragile X syndrome (FXS) and spinal muscular atrophy (SMA). People who are carriers for these conditions have a greater chance of having a child affected with that condition.
- **For CF and SMA:** If the patient is a carrier, it is recommended that their partner is offered testing for the same condition. If both members of a couple are carriers for the same condition, the couple has a 1 in 4 (25%) chance for each pregnancy of having children with that condition.
- **For FXS:** women who carry a FXS gene of increased size have a greater chance of having children with FXS. This chance may be up to 50% depending on the woman's specific result.

### Test process

- A blood OR saliva sample will be collected and sent to VCGS. Usually the female partner is tested first, as carrier screening for FXS is less relevant for males.
- A report will be sent to the healthcare provider who requested the test and they will discuss your results with you. VCGS genetic counsellors are also available to discuss your results.

### Test limitations

- *prepair 3* will identify most carriers for CF, FXS and SMA. Testing only identifies common genetic changes that cause these conditions meaning that rare and/or family-specific genetic changes may be missed.
- The test does not detect other inherited genetic or chromosomal conditions or any genetic conditions which are not inherited.

- If you have a family history of CF, FXS and/or SMA, please provide as much information as possible on the test request form so we can ensure we are performing the correct test for your circumstances. If you have any questions regarding your family history, please contact the VCGS *prepair* genetic counselling team.
- **Unless notified**, we assume: there is no family history of the conditions tested and the individuals are at population risk, the person and their partner are not blood relatives and the person screened has not undergone a bone marrow transplant or a blood transfusion.

### Privacy, confidentiality and use of information

- Your test results will be kept confidential. Results will only be released to your healthcare provider, other healthcare providers involved in your medical care, or to another healthcare provider as directed by you, or otherwise as required or authorised by applicable law.
- Collecting information on your pregnancy after testing is part of our laboratory's standard practice for quality purposes and test evaluation. VCGS may contact your healthcare provider to obtain this information.

### Retention and use of samples

- In line with best practices and clinical laboratory standards, leftover de-identified specimens (unless prohibited by law), de-identified genetic material, as well as other information learned from your testing, may be used by VCGS for purposes of quality control, laboratory operations, laboratory test development, laboratory improvement, and generation of new scientific knowledge. All such uses will be in compliance with applicable law.

### Financial responsibility

- You are responsible for fees incurred with VCGS for services performed.
- Medicare rebates may apply in some cases.

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## KEY MESSAGES

- *prepair 3* will show if you are a carrier for cystic fibrosis (CF), fragile X syndrome (FXS), or spinal muscular atrophy (SMA). Being a carrier for these conditions usually does not affect your health.
- *prepair 3* does not look for any other genetic or chromosome conditions (such as Down syndrome).
- If you and your reproductive partner are both carriers for CF or SMA, your children have a higher chance of having CF or SMA. For each pregnancy, there is a 1 in 4 (25%) chance of having a child with CF or SMA.
- If you're female and you carry a FXS gene of increased size, you have an increased chance of having children with FXS.
- Your results will be sent to the healthcare practitioner that ordered your test. If you're found to be a carrier for CF, FXS or SMA, we will work with you and your practitioner to help you understand your results and any further testing that may be needed.
- This test will identify most, but not all carriers for CF, FXS and SMA. Testing looks for the most common genetic changes that cause these conditions. Less common genetic changes may be missed.
- Unless you tell us, we assume:
  - you have no family history of CF, FXS or SMA
  - you and your reproductive partner are not blood relatives
  - you have not had a bone marrow transplant or blood transfusion
- Your test results are confidential. We can only disclose your results with your consent, or as required by law.
- VCGS may contact your healthcare practitioner for information about your pregnancy. This helps us maintain a high quality test and service.
- We keep your samples and information according to laboratory and legal requirements. If we use your sample or information as permitted by law, it will be de-identified (i.e anonymous).