

NATA ACCREDITED LABORATORY 3171
Victorian Clinical Genetics Services
4th Floor, EL4.7.1 VCGS Specimen Reception
Royal Children's Hospital, Parkville 3052 Ph 8341 6258

TESTS REQUESTED

PATIENT DETAILS

Name: _____ MEDICARE No: _____

Address: _____
_____ Date of Birth: _____

PROCEDURE

Amniocentesis

CVS

Fetal blood sampling

COLLECTED

Date: _____ Time: _____ Collected by: _____

INDICATION

- maternal age
- 1st trimester combined screening (specify risk) _____
- cell free DNA / NIPT increased risk _____
- abnormality on ultrasound (specify) _____
- previous abnormality (specify) _____
- other (specify) _____

PREGNANCY DETAILS

gestational age (by date): _____ (by ultrasound): _____

number of fetuses: _____

REQUESTING PRACTITIONER

Name: _____ PROVIDER No: _____

Address: _____

Telephone number: _____ Date of Request: _____

Signature: _____

Additional reports should be 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.