

# General order form

**Email order to:** Customer Care  
Victorian Clinical Genetics Services  
E: [logistics@vcgs.org.au](mailto:logistics@vcgs.org.au)

## Please send:

maternal serum screening		percept NIPT		reproductive carrier screening		other	
<input type="checkbox"/>	MSS brochure & test request pad (A4) QTY:	<input type="checkbox"/>	<i>percept</i> brochure & test request pad (A4) QTY:	<input type="checkbox"/>	<i>prepair</i> brochure & test request pad (A4) QTY:	<input type="checkbox"/>	A5 general test request pad QTY:
		<input type="checkbox"/>	<i>percept</i> collection kits QTY:	<input type="checkbox"/>	<i>prepair</i> saliva kits QTY:	<input type="checkbox"/>	microarray saliva kits QTY:
<input type="checkbox"/>	MSS information for health professionals brochure	<input type="checkbox"/>	<i>percept</i> patient brochure	<input type="checkbox"/>	<i>prepair</i> patient brochure		
<input type="checkbox"/>	neural tube defect patient brochure	<input type="checkbox"/>	sample delivery boxes QTY:	<input type="checkbox"/>	<i>prepair</i> sample collection postcards		
<input type="checkbox"/>	pre-eclampsia screening patient brochure	<input type="checkbox"/>	courier satchels QTY:	<input type="checkbox"/>	expanded carrier screening test request pad (A4) QTY:		
<input type="checkbox"/>	prenatal testing patient brochure			<input type="checkbox"/>	'How to order' expanded carrier screening postcard		
				<input type="checkbox"/>	carrier screening in the Jewish community- brochure		

**Name:** .....

**Street:** .....

**Suburb:** .....

**Post Code:** .....

**Email:** .....