

## Request for saliva kit send out to patients

Date submitted: \_\_\_\_\_

Patient Name/s: \_\_\_\_\_

Patient/carer mobile: \_\_\_\_\_

Number of kits to send (1 per individual)\*: \_\_\_\_\_

**\*Notes:**

Predictive genetic testing requires two separate samples per patient. Please ensure you order the correct number of kits.

Urgent sample: YES  NO

**EMAIL TO:** [vcgs@vcgs.org.au](mailto:vcgs@vcgs.org.au)

**Postal address:** (If different from request form)

Name: \_\_\_\_\_

Postal address: \_\_\_\_\_

State: \_\_\_\_\_ Post code: \_\_\_\_\_

**Tests that can be done using saliva:**

Molecular karyotype (microarray); reproductive carrier screening; fragile X; exome sequencing; Prader-Willi/Angelman syndrome; familial variant detection; parental

**Admin only**

Date sent: \_\_\_\_\_

Tracking number: \_\_\_\_\_