

Prenatal notification

single gene testing

At least 2 weeks prior notification required to ensure standard TAT

Email this completed form ASAP to: prenatal.diagnostics@vcgs.org.au &
prenatal.cytogenetics@vcgs.org.au

Patient name _____ **DOB:** _____

Address: _____

Partner name: _____

Referring clinician: _____

Phone: _____ Fax: _____

Address: _____

Copy result to: _____

Phone: _____ Fax: _____

Address: _____

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).