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:	DOB:		
Address:					
Partner name:					
Phone:		Fax:			
Address:					
Copy result to:					
Phone:					
Address:					
Test requested Clinical information (family					
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.

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 Gujidelines for Nucleic Acid Detection and Analysis 2006).

