

Reproductive genetic counselling | Request form

To be eligible for this service:

- The referral for genetic counselling must be received within two months of the date of the latest eligible report issued by Sonic Genetics.

Reproductive carrier screening:

- Both partners must be carriers for the same autosomal recessive disorder, or the female partner is a carrier for an X-linked disorder.
- At least one partner must have had carrier testing through Sonic Genetics.

Non-invasive prenatal testing (NIPT):

- Received a high-risk result on NIPT testing through Sonic Genetics.

FOR THE DOCTOR Please complete the following and fax to 1800 961 766, or email to geneticcounselling@sonicgenetics.com.au

Patient details

First name _____
 Surname _____
 Date of birth ____/____/____ Sex _____
 Address _____

 Phone _____
 Laboratory ID _____
 Pregnant Yes No Gestational age (weeks) _____

Clinical information

Please confirm which clinical condition you wish to be addressed:

Cystic fibrosis Spinal muscular atrophy
 Fragile X syndrome Sex chromosome aneuploidy
 Trisomy 21 22q11.2 deletion
 Trisomy 18
 Trisomy 13
 Other (please specify) _____

Partner details (if reproductive carrier screening)

First name _____
 Surname _____
 Date of birth ____/____/____ Sex _____
 Address _____

 Phone _____
 Laboratory ID (if tested through Sonic Genetics) _____
OR Copy of carrier screen result attached (if tested elsewhere)

Requesting doctor

The patient/couple is aware that genetic counselling has been requested on their behalf and that a genetic counsellor will contact them directly to arrange counselling.

Name _____
 Address _____

 Phone _____
 Provider No _____

DOCTOR SIGNATURE

X _____ Date _____

I understand that the counsellor will advise when the session has been completed or if it is declined.

Free genetic counselling is only available to patients that have paid Sonic Genetics and had testing performed through one of the Sonic Pathology practices.