



Reproductive genetic counselling referral 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 was 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 high-risk result on NIPT testing through Sonic Genetics.

FOR THE DOCTOR: Please complete the following and fax to 1800 961 766, or send via 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): _____

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)

Clinical information

Please confirm which clinical condition you wish to be addressed:

Cystic fibrosis Spinal muscular atrophy

Fragile X syndrome Trisomy 13

Trisomy 21 22q11.2 deletion

Trisomy 18

Sex chromosome aneuploidy

Other (please specify) _____

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 _____



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 (or one of the subsidiaries of Sonic Healthcare Limited) for testing.