MOLECULAR PRENATAL TEST NOTIFICATION FORM

NHS
East Genomic Laboratory Hub

Cambridge University Hospitals Genomic Laboratory

Website: http://eastgenomics.org.uk Email: geneticslaboratories@nhs.net Tel: 01223 348866

This form is intended for notification of a future prenatal test referral.
Please use the Rare and Inherited Disease Referral Form when sending samples.

Mothers Details (or stick ID label here)		
NHS Number:	Hospital Number:	Pedigree Number:
Surname:	Forename:	Date of Birth:
Hospital:	Gestation in weeks:	
Clinical Team Details		
Team member completing form:	Date:	
Consultant name:	Contact information:	
Counsellor name:	Contact information:	
Test Details		
Date of CVS/Amino:	Location of CVS/Amino:	
Test information – please append previous genetic report if applicable		
Positive Control Family Member:		
Name:	Date of Birth:	NHS Number:
Fathers Details - if applicable		
Name:	Date of Birth:	NHS Number: