Monash IVF

RCPA The Royal College of Pathologists of Australasia

NATA WORLD RECOGNISED

RCPA/NATA ACCREDITATION NO. 21065
APP - Dr Tristan Hardy
A.P.L - 39627

Genetics request form

180 Fullarton Road Dulwich SA 5065
E: geneticsadmin@monashivf.com
Pathologist: Dr Tristan Hardy

Medicare Details (necessary for rebate)

Medicare No.	
CRN	
Expiry	

Personal Details:

Last name	Given name (including middle initial)	Date of birth (DD MM YYYY)	Sex assigned at birth

Pronouns	Mobile no.	Address

Patient ID	Email address.

Tests requested

- ☐ Three gene carrier screening (Cystic Fibrosis, Spinal Muscular Atrophy, Fragile X + AGG interruptions when necessary)
- ☐ Expanded carrier screening (individual, custom gene list)
- ☐ Expanded carrier screening (couples)
- ☐ Whole Genome NIPT
  - ☐ Singleton **or** ☐ Twins

Copy report to

Dr Tristan Hardy
180 Fullarton Road, Dulwich SA 5065
425896CT

Referring doctor *(provider number, surname & initials, address)*

Clinical notes/medical history

Pregnant :
☐ Yes ☐ Planning pregnancy

Estimated due date (DD MM YYYY)

Partner carrier status (if applicable):
☐ CF ☐ SMA ☐ Other (specify below):

Partner name

Partner date of birth (DD MM YYYY)

☐ I confirm I have taken this patients specimen on site.

Date (DD MM YYYY)	Time (24 Hour)

Collector name

Collector signature

Patient advisory statement

Your doctor has recommended that you use Monash IVF/Repromed Genetics Laboratory. You may choose another provider but please discuss this with your doctor first.

Doctors signature	Date (DD MM YYYY)

☑ **This test was performed as an out of hospital service**

Medicare Assignment: Section 20A of the Health Insurance Act 1973. I offer to assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s) and any eligible pathologist determinable service(s) established as necessary by the practitioner.

Patient Consent: I understand that the aim of this test is to identify couples with a high chance of having a child with cystic fibrosis, spinal muscular atrophy and fragile X syndrome. If having expanded carrier screening, the test will also assess hundreds of other genes which cause significant medical conditions in childhood. The test will only examine the genes requested and does not screen for all types of genetic conditions. For example, it does not screen for chromosome conditions (e.g. Down syndrome) or adult onset conditions (e.g. inherited cancers). We are all carriers of genetic conditions and usually being a carrier does not affect our own health. Occasionally this test reveals information that may have individual health implications and/or impact on eligibility or premiums for health/disability/trauma/life insurance. I understand that this is a screening test which reduces but does not eliminate the chance of having a child with any of the conditions tested.

Patient confirmation of correct personal details listed on form and informed consent

Signature	Date (DD MM YYYY)

Scan the QR code to arrange payment for your test and receive a screening kit