

**PRENATAL GENETICS - REFERRAL FORM**

REFERRING PROVIDER INFORMATION	PATIENT DEMOGRAPHICS
Name _____	Name _____
Phone _____	DOB _____
Fax _____	Phone _____
Signature _____	MOH _____
Date _____	Address _____

**Please complete the information below and select the applicable referral criteria**

Age at EDD	
EDD	_____ by CRL / LMP (circle one)
GA at referral	_____ weeks _____ days
Please ensure all relevant records are attached	<input type="checkbox"/> Ontario perinatal record <input type="checkbox"/> ABO/Rh blood type <input type="checkbox"/> FTS/MSS report <input type="checkbox"/> NIPT report <input type="checkbox"/> All ultrasound reports (dating, NT, anatomy, follow-up scans)
Referral Indication	<input type="checkbox"/> Positive FTS/MSS for Down Syndrome (midwife only; physicians can arrange NIPT) <input type="checkbox"/> Positive FTS/MSS for Trisomy 18 <input type="checkbox"/> High risk, atypical, or "no result" NIPT <input type="checkbox"/> Increased NT (3.5mm or greater) <input type="checkbox"/> Abnormal fetal ultrasound _____ Has patient been informed of result? Yes _____ No _____ <input type="checkbox"/> Family history of genetic condition _____ Side of family affected? Mother of baby _____ Father of baby _____ (Please include genetic test result and relative's relationship to pregnancy) <input type="checkbox"/> French Canadian carrier screening (BOTH partners must have first/second degree relative from Saguenay-Lac-St-Jean, Charlevoix, Bas-St-Laurent / Rimouski, Gaspésie, and adjoining New Brunswick) <input type="checkbox"/> Ashkenazi Jewish carrier screening (BOTH partners must have ancestry) <input type="checkbox"/> Abnormal hemoglobin electrophoresis in patient AND partner (please include Hb electrophoresis, CBC, ferritin, and iron for both individuals) <input type="checkbox"/> Other (please specify) _____

We also accept e-consults through OTNHub (<https://otnhub.ca/>). Please consider sending an e-consult if your referral is regarding management of a diagnosed condition or question of appropriateness of referral. If we have overlooked information, please contact us by phone (613-549-6666 x62800) or fax (613-548-1348).