

Early Prenatal Genetic Service

The Early Prenatal Genetic Service provides education to any woman about prenatal screening and diagnostic tests in pregnancy. A thorough review of the timing, advantages and disadvantages each test available to your patient will be provided. Information will be presented in an unbiased manner allowing patients to make informed decisions. Family histories will be reviewed and any risk factors addressed. In addition, each patient will have the opportunity to address healthy pregnancy information with a nurse with an extensive background in prenatal, labour and delivery nursing.

Ideally women should be referred by their health care provider in their first trimester of pregnancy (optimal timing for referral is 7-10 weeks gestation). Prenatal genetic services are available at any gestation.

A referral can be made by faxing the attached genetics referral requisition to:

Fax# (705) 876-5129

Please include her antenatal record, blood type, CBC, and ultrasound (if completed)

We will contact referred women directly with appointment details. Partners are encouraged to attend. A consult report following the appointment will be sent to health care provider(s) providing prenatal care.

Why Refer?

- Prenatal screening and diagnostic tests have expanded in last few years creating significant challenges to primary health care providers to address all options to their prenatal patients during a consult. This service will assist in your patient's prenatal care.
- Your patient will receive accurate information on prenatal genetic screening and diagnostic tests.
- Any screening and/or diagnostic testing requested by patients will be organized on your behalf by the Early Prenatal Genetic Service. Results will be communicated with your patient and a copy will be sent to your office and any other provider involved in her prenatal care.
- All positive screening / diagnostic results and increased nuchal translucency measurements will be followed up directly by genetics with your patient.
- If your patient declines prenatal screening/diagnosis you can be assured that they are making an informed choice.
- Your patient will receive education about healthy pregnancy recommendations with a nurse and the opportunity to address any concerns.
- Prenatal resources and community support information will be provided to your patient.

Questions? Contact the Genetics Program at (705) 743-2121 x 2879

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Genetics Program Referral

1 Hospital Drive, Peterborough, ON K9J 7C6

Fax: 705-876-5129

Phone: 705-743-2121 x 2879

Surname: _____ First Name: _____ Gender: M F

Date of Birth: (dd/mm/yyyy): ____/____/____ Health Card Number: _____

Parent/Guardian: _____

Home Phone: (____) _____ Bus. Phone: (____) _____

Address: _____ Postal Code: _____

Has the patient been referred to a genetics centre before? No Yes Where? _____

Early Prenatal Genetic Service: LMP: (dd/mm/yyyy) ____/____/____ P__ G__ TA__ SA__

Education, and organization of prenatal genetic screening/diagnostic tests (*optimal referral 7-10 weeks gestation*)

Prenatal referrals should include the following reports (if available)

- Blood type, CBC, dating ultrasound, antenatal record

Other Prenatal Referral: LMP: (dd/mm/yyyy) ____/____/____ P__ G__ TA__ SA__

Positive screen, increased nuchal translucency measurement, family history of genetic condition

Prenatal referrals should include the following reports (if available)

- Blood type, CBC, prenatal screening results, ultrasound(s), antenatal record

Additional information: _____

General Referral: Include diagnoses, consult letters and test results, and family history

Cancer Referral: Include diagnoses, pathology reports, and family history

Referral requested by: (please print or use stamp)

Name: _____ Billing#: _____

Tel: (____) _____ Fax: (____) _____

Date: (dd/mm/yyyy) ____/____/____ Signature: _____