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**MOLECULAR PRENATAL TEST NOTIFICATION FORM**

This form is intended for notification of a future prenatal test referral.

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| Cambridge University Hospitals  Genomic Laboratory | Nottingham University Hospitals  Regional Genetics Laboratories | Leicestershire Cytogenetics  Laboratory |
| geneticslaboratories@nhs.net | [NUHNT.moleculargenetics@nhs.net](mailto:NUHNT.moleculargenetics@nhs.net) | [uho-tr.uhlcytogenetics@nhs.net](mailto:uho-tr.uhlcytogenetics@nhs.net) |

**Use the Rare and Inherited Disease Referral Form when sending samples**.

Return form to your local Genomic Laboratory by email:

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| --- | --- | --- | --- |
| **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: |