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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 HospitalsGenomic Laboratory | Nottingham University HospitalsRegional Genetics Laboratories | Leicestershire Cytogenetics Laboratory |
| geneticslaboratories@nhs.net | NUHNT.moleculargenetics@nhs.net | 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: |