

# MOLECULAR PRENATAL TEST NOTIFICATION FORM

East Genomic Laboratory Hub

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

**Use the Rare Disease Test Order Form when sending samples.**

Return form to your local Genomic Laboratory by email:

Cambridge University Hospitals  
Genomic Laboratory  
[cu.geneticlaboratories@nhs.net](mailto:cu.geneticlaboratories@nhs.net)

Nottingham University Hospitals  
Regional Genetics Laboratories  
[NUHNT.moleculargenetics@nhs.net](mailto:NUHNT.moleculargenetics@nhs.net)

Leicestershire Cytogenetics  
Laboratory  
[cytogenetics@uhl-tr.nhs.uk](mailto:cytogenetics@uhl-tr.nhs.uk)

<b>Mothers Details (or stick ID label here)</b>		
NHS Number:	Hospital Number:	Pedigree Number:
Surname:	Forename:	Date of Birth:
Hospital:	Gestation in weeks:	
<b>Clinical Team Details</b>		
Team member completing form:	Date:	
Consultant name:	Contact information:	
Counsellor name:	Contact information:	
<b>Test Details</b>		
Date of CVS/Amino:	Location of CVS/Amino:	
<b>Test information – please append previous genetic report if applicable</b>		
<b>Positive Control Family Member:</b>		
Name:	Date of Birth:	NHS Number:
<b>Fathers Details - if applicable:</b>		
Name:	Date of Birth:	NHS Number: