AWMGS
All Wales Medical Genomics Service

NIPT REFERRAL FORM FOR FETAL ANOMALIES (PILOT STUDY)

PATIENT DETAILS:		
SURNAME		ADDRESS:
FIRST NAME (S)		
DATE OF BIRTH		POSTCODE:
NHS NUMBER		
HOSPITAL NUMBER		

CLINICIAN DETAILS:	
Hospital:	Lead Professional:
Requesters signature:	Date: / /
Email address for return of results:	

PREGNANCY INFORMATION:	
Singleton pregnancy YES/NO Twin pregnancy YES/NO	The following have been **excluded** (please tick box to confirm)
Multiple fetal anomalies strongly suggestive of trisomy 13, 18 or 21 ☐ Please list …… Duodenal atresia with additional anomalies ☐ Please list additional anomalies …… Isolated AVSD ☐ Isolated exomphalos ☐ Isolated pleural effusion ☐ Isolated cystic hygroma* ☐ * The NIPT test does not check for Turner syndrome which is an important cause of cystic hygroma.	Blood transfusion within 4 months ☐ Transplant surgery ☐ Immunotherapy/ stem cell therapy ☐ Maternal malignancy ☐ Multiple pregnancy >2 fetuses ☐ Pregnancy with vanishing twin ☐ Maternal chromosomal abnormality ☐ **Failure to complete this section will lead to a delay in the testing of this sample**
Gestation by scan:	
Specimen taken by: (Please print)_____ Sign: _____ Date of collection: / / Time:	

Sample requirements:	
10ml of maternal blood in Streck tube. Please send to laboratory as soon as possible following sample collection. Please inform the laboratory that a sample is on its way; by tel: 029 218 44072.	
Laboratory contact details:	
Address:	All Wales Genomics Laboratory, Canolfan Iechyd Genomig Cymru /Wales Genomic Health Centre, Cardiff Edge Business Park, Longwood Drive, Whitchurch CARDIFF, CF14 7YU
Laboratory working hours: Monday - Friday 08.30-17.00	
For further enquiries please email lab.genetics@wales.nhs.uk or ring 029 218 44072.	