



PreGen Antenatal Genomics and Newborn Care Study

Website: <https://pregen.neura.edu.au/>

PreGen Genetic Counsellor Referral

- Please ensure your patients prenatal non-panel trio WES has been requested using your usual clinical request and consent forms.
- If your patient would like to participate in the PreGen project, please **email this referral to pregen@neura.edu.au** (monitored by PreGen Genetic Counsellors).

Date: ____/____/____

Patient Details

Patient Name: _____

Patient DOB: ____/____/____

Patient contact number / email: _____

Clinical Details

Gestation: _____ weeks EDD: ____/____/____ Pregnancy currently ongoing: Y / N

Relevant medical or family history: _____

Fetal phenotype: _____

Date of CVS / Amniocentesis: ____/____/____

Array result: _____

Laboratory where DNA/Culture stored: _____

Referring Team

Referring Doctor: _____

Clinical Genetic Counsellor: _____

Site: _____

Referrer contact number / email: _____

Please feel welcome to include the genomic testing request forms, pedigree or any other relevant results to your email.