



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

Mother Name: _____

Mother DOB: ____/____/____

Father name: _____

Father DOB: ____/____/____

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.



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PreGen Genetic Counsellor Referral, continued

- This data will be used to populate our RedCap database in the absence of interviewing the parents. Please make sure to complete all sections.

Fetal Anomaly data

Gestation at which fetal anomaly was identified: _____

Gestation of most recent Ultrasound: _____

Twin pregnancy? _____ Consanguinity? _____

Data Collection

Age of mother at time of referral: _____

Age of father at time of referral: _____

Sex of fetus: _____

Gravidy/Parity: _____

Suburb and postcode of family: _____

Family details

Number of living children: _____

Ages: _____