

## **CLINICAL GUIDELINE**

## **Prenatal Genetics Referral Form**

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

| Version Number:  | 1   |
|--|---|
| Does this version include<br>changes to clinical advice: | N/A   |
| Date Approved:   | 4 <sup>th</sup> December 2022   |
| Date of Next Review:                                     | 7 <sup>th</sup> December 2027   |
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| Approval Group:  | Gynaecology, Obstetrics & Neonatology Effectiveness Committee (GONEC) |

## Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments. Acute Services Division **Diagnostics Directorate** 



Level 2A Laboratory Medicine



## **GGC Prenatal Genetics Referral Form**

Please complete all sections and include any details of how genetic results may alter management of the pregnancy, if applicable.

| Referring clinician's details   |  |  |
|---|--|--|
| Name:   |  |  |
| Department:   |  |  |
| Tel No:   |  |  |
| Email address:  |  |  |
| Patient details   |  |  |
| Name:   |  |  |
| DOB:  |  |  |
| CHI:  |  |  |
| Gestation:  |  |  |
| Reason for referral:  |  |  |
|   |  |  |
|   |  |  |
| Diagnosis (if known):   |  |  |
| Scan Findings:  |  |  |
| Obstetric History:  |  |  |
|   |  |  |
|   |  |  |
| Partner's details/CHI:  |  |  |
|   |  |  |
| Tests undertaken to date:   |  |  |
| Genetics Reference Number (if known):                                   |  |  |
| Tel No:   |  |  |
| Email address:  |  |  |
| Please send completed form to: <u>GeneticsReferrals@ggc.scot.nhs.uk</u> |  |  |