

## Genetic Carrier Screening Request & Consent Form:

### PATIENT DETAILS:

LAST NAME: \_\_\_\_\_ SEX: F ☐ M ☐

GIVEN NAMES: \_\_\_\_\_ DATE OF BIRTH (dd/mm/yyyy): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
POSTCODE: \_\_\_\_\_

PHONE (Home): \_\_\_\_\_ PHONE (Work): \_\_\_\_\_ MOBILE: \_\_\_\_\_

### PARTNER DETAILS:

LAST NAME: \_\_\_\_\_ SEX: F ☐ M ☐

GIVEN NAMES: \_\_\_\_\_ DATE OF BIRTH (dd/mm/yyyy): \_\_\_\_\_

### TESTS REQUESTED:

- NON-PREGNANT TESTING: ☐
- PREGNANT TESTING: ☐

GESTATION (weeks): \_\_\_\_\_ EDD: \_\_\_\_\_

### IS THERE A FAMILY HISTORY OF CF, FXS OR SMA?:

- PATIENT: YES ☐ NO ☐
- PARTNER: YES ☐ NO ☐

IF YES, PLEASE SPECIFY: \_\_\_\_\_

**IT IS RECOMMENDED THAT SAMPLES BE TAKEN PRE-PREGNANCY OR BEFORE 12 WEEKS GESTATION.  
PLEASE COMPLETE THE DETAILS OF BOTH PARENTS SO THAT THE RESULTS CAN BE LINKED IF NECESSARY.**

### REQUESTING REFERRER:

- ☐ ALISON HEDGE, BSc, RM: 15-12873 **or**,
- ☐ EMMA PARRY, CMFM, MCNZ: 18671 **or**,
- ☐ CINDY ZAITSOFF, Associate Genetic Counsellor

I verify that the patient and prescriber information in this form is complete and accurate to the best of my knowledge.

REFERRER SIGNATURE: \_\_\_\_\_

DATE:     /     /

### PATIENT CONSENT:

By signing this form, I request that Ascot Radiology perform Genetic Carrier Screening. The risks and limitations of this test have been adequately explained to me.

PATIENT SIGNATURE: \_\_\_\_\_

DATE:     /     /

### COPY OF REPORTS TO:

LMC: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PREFERRED METHOD OF REPORT DISTRIBUTION **(PLEASE TICK)**: FAX: ☐ EMAIL: ☐

### SPECIMEN COLLECTION:

DATE:     /     /

COLLECTOR SIGNATURE: \_\_\_\_\_ TIME: \_\_\_\_\_

## Genetic Carrier Screening Location & Directions:

**WE ARE LOCATED IN THE ASCOT CENTRAL BUILDING ON LEVEL 1.** Ascot Central is located between Ascot Hospital and the Novotel at 7 Ellerslie Racecourse Drive, Remuera, Auckland. Take the lift to the first floor and turn right.

### IF YOU ARE COMING FROM THE SOUTH:

- Take the Green Lane exit off the motorway (SH1)
- At the end of the off-ramp, turn right. This takes you around the roundabout and back over the motorway.
- Keep in the right hand lane and at the first set of traffic lights turn right into Ellerslie Racecourse Drive.
- **The Ascot Central building** will be on your right as you turn. There is a large blue 'Fertility Associates' sign on the front of the building.
- Go straight ahead to the roundabout and into the large carpark. There is 90 minutes free parking.
- Take the lift to the first floor and turn right.

### IF YOU ARE COMING FROM THE NORTH:

- Take the Green Lane exit off the motorway (SH1)
- At the end of the off-ramp, turn left into Green Lane East.
- Keep in the right hand lane and at the first set of traffic lights turn right into Ellerslie Racecourse Drive.
- **The Ascot Central building** will be on your right as you turn. There is a large blue 'Fertility Associates' sign on the front of the building.
- Go straight ahead to the roundabout and into the large carpark. There is 90 minutes free parking.
- Take the lift to the first floor and turn right.

**Please don't hesitate to contact us on the number below if you have any queries.**

