

**PATIENT DETAILS**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Postcode: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Date of Birth: - - -  
 Medicare #: \_\_\_\_\_

**\*CRITICAL PATIENT INFORMATION**

**Maternal Weight (kgs):**  
**Height (cm):**

Diabetes: Y N Unknown  
 Smoker: Y N Unknown

**REQUESTING DOCTOR**

Surname: \_\_\_\_\_ Initials: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Provider No.: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**COPY OF REPORT TO**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Provider No.: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**TESTS REQUESTED - PLEASE TICK**

**GeneSyte NIPS**  
 Includes Chromosomes;  
 21,18,13, X, Y and Sex aneuploidies

**Withhold Gender**  
 (sex Aneuploidies cannot be withheld)

Clinical notes:

**SERUM COLLECTION**

Collection Date: - -  
 Collection Time: : am / pm  
 Collector's Initials: \_\_\_\_\_

**COLLECTION TUBES REQUIRED**

NIPS / Streck tube  
 FTS/SST Serum

**\*PREGNANCY HISTORY**

Gravid:  
 Parity:  
 T21/18/13:  
 Other:

**TO BE COMPLETED FOR ALL PATIENTS**

Was or will the patient be, at the time of service or when the specimen is obtained:

- A Private patient in a private hospital or approved day hospital facility
- A Private patient in a recognised hospital
- A Public patient in a recognised hospital
- An Outpatient of a recognised hospital

**CLINICAL NOTES (where applicable)**

**Mandatory for GeneSyte**

Note: Indicate Singleton or Twins

For a twin pregnancy the test will include 21, 18,13 and Y however not the full sex aneuploidies tests

**SINGLETON**

**TWINS**

MCMA  
 MCDA  
 DCDA  
 OTHER

Doctor's signature: (required by legislation)

Date: - -

**\*ENTER AT LEAST ONE OF THE FOLLOWING GESTATIONAL DETAILS**

**GESTATION DETAILS**

LMP date: - - OR  
 EDD/EDC: - -

**ULTRASOUND INFO**

Scan date: - -

Gestation by scan weeks days

**IF AVAILABLE:**

NT (mm):  
 CRL (mm):  
 Pregnancy by assisted reproduction? Y N  
*If yes, provide treatment details*

Medicare Agreement (Section 20A of the Health Insurance Act 1973)

I offer to assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s) and any eligible pathologist determinable service(s) established as necessary by the practitioner.

Signature: \_\_\_\_\_  
 Date: - -

## GeneSyte (NIPS) Collection Centres

Please contact one of our centres for appointments and availability.



<b>Sydney CBD</b>	321 Kent St, Sydney	1300 652 687
<b>Bella Vista</b>	Suite 101, 10 Norbrik Drive, Bella Vista	1300 652 687
<b>Liverpool</b>	173-175 Bigge Street, Liverpool	1300 652 687
<b>Wollongong</b>	Ground Floor, 1 Rawson Street, Wollongong	1300 652 687
<b>Manly</b>	Level 5, 22 Darley Road, Manly	1300 652 687
<b>St Leonards</b>	The Forum, Suite 3.02, Level 3, 205 Pacific Highway, St Leonards	1300 652 687
<b>Newcastle</b>	Suite 2, 23 Merewether St, Merewether	(02) 4902 7000
<b>Canberra</b>	Ground Floor, 2 King Street, Deakin	1300 652 687
<b>Melbourne</b>	Level 7, 10 Martin Street Heidelberg	(03) 9977 7400
<b>Perth</b>	Level 2, 190 Cambridge Street, Wembley	(08) 9389 4200

## Pathology North Collection Centres

If you are unable to attend the Genea Newcastle Clinic you can visit any Pathology North collection centre for your Pathology test.

For a complete listing of all Pathology North collection sites please scan the QR codes.



Pathology North