

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:

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:

***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

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

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: - -

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: - -

GeneSyte (NIPS) Collection Centres

Please contact one of our centres for appointments and availability.



Sydney CBD	321 Kent St, Sydney	1300 652 687
Bella Vista	Suite 101, 10 Norbrik Drive, Bella Vista	1300 652 687
Liverpool	173-175 Bigge Street, Liverpool	1300 652 687
Wollongong	Wollongong Day Surgery, Suite 4, Level 2/354-358 Crown St, Wollongong	1300 652 687
Manly	Level 5, 22 Darley Road, Manly	1300 652 687
St Leonards	The Forum, Suite 3.02, Level 3, 205 Pacific Highway, St Leonards	1300 652 687
Newcastle	Suite 2, 23 Merewether St, Merewether	(02) 4902 7000
Canberra	Ground Floor, 2 King Street, Deakin	1300 652 687
Melbourne	Level 7, 10 Martin Street, Heidelberg	(03) 9977 7400
Perth	Level 2, 190 Cambridge Street, Wembley	(08) 9389 4200

Alternative Collection Services

Pathology North Collection Centre

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.



Genea - Central Specimen Reception

Level 3, 321 Kent Street, Sydney NSW 2000

p 1300 652 687 **f** (02) 9229 6400

e genea.pathology@genea.com.au **w** genea.com.au