



Patient information

Please include all individuals who should attend the appointment :

	Name	Date of Birth	Telephone + Email address	Carrier screening completed (Y/N)
Directed egg donor				
Directed sperm donor				
Gestational carrier				
Gestational carrier partner (if applicable)				
Intended parent 1				
Intended parent 2				

Genetic counselling

Meeting with a genetic counsellor for the following reason :

- Genetic risk assessment for a potential sperm or ova donor
- Using a sperm or ova donor who is a known carrier of genetic condition(s)
- Considering preimplantation genetic testing (PGT-A, PGT-M or PGT-SR)
- Personal or family history of a genetic condition
- Considering preconception expanded carrier screening
- Other reason (specify) : _____

Genetic testing

Authorization to coordinate testing and communicate the results to the patient in follow-up genetic counselling (included with test) :

- Expanded carrier screening (carrier status for multiple recessive and X-linked diseases)
- Other genetic condition (specify the condition or the test) : _____

Relevant medical or family history :

Physician / Nurse Practitioner signature : _____ Date : _____

Name of physician / Nurse Practitioner : _____ License number : _____

Send copy of report to provider / clinic : _____