

**GENETIC CONDITION for PGT- M (Single Gene) PGT-SR (Translocations)**

		OMIM# (if applicable)	
	<b>Patient</b>	<b>Partner</b>	
<b>Surname</b>			
<b>First Name</b>			
<b>Date of Birth</b>			
<b>Mobile telephone</b>			
<b>E-mail</b>			
<b>NHS Number</b>			
<b>Genetic Status</b>	Affected <input type="checkbox"/> Carrier <input type="checkbox"/> Unaffected <input type="checkbox"/>	Affected <input type="checkbox"/> Carrier <input type="checkbox"/> Unaffected <input type="checkbox"/>	

**RELEVANT FAMILY HISTORY (clinically affected relatives)**

Name: .....	Dob: .....	Related to? .....	Genetic Test Y/N
Name: .....	Dob: .....	Related to? .....	Genetic Test Y/N
Name: .....	Dob: .....	Related to? .....	Genetic Test Y/N
Name: .....	Dob: .....	Related to? .....	Genetic Test Y/N

**RELEVANT Medical History**

.....

Hospital/Genetic Service: ..... Date last appt .....

**NHS ELIGIBILITY INITIAL ASSESSMENT (Please note: Referral must be via an NHS genetic service)**

<b>Do the couple have unaffected children together?</b>			
<b>Smoking status:</b>	<b>Female:</b>	<b>Male:</b>	
<b>Female BMI kg/m<sup>2</sup>:</b>	<b>Or Height(cm):</b>	<b>Weight (Kg):</b>	

**SUPPORTING DOCUMENTS REQUIRED**

Genetic molecular report(s) or Karyotype(s) enclosed (ESSENTIAL) for all relevant relatives	Yes: <input type="checkbox"/>	
Copy of genetic counselling/consultation/fertility correspondence (ESSENTIAL)	Yes: <input type="checkbox"/>	
Copy of current family history (pedigree) showing availability of family members for DNA samples	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Copy of correspondence relating to specialist consultations (if available)	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Copy of prenatal reports - amniocentesis/CVS/NIPT/NIPD (if available)	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Copy of summary of previous IVF/ICSI/PGT cycles (if any)	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

<b>Referring Genetic Specialist/Consultant</b>	
<b>Signature</b>	<b>Date</b>

**Return this completed form to [pgtadmin@carefertility.com](mailto:pgtadmin@carefertility.com) FAO: PGT Administrator**

Or by post to: CARE Fertility Nottingham, John Webster House, Lawrence Drive, Nottingham, NG8 6PZ

**Please complete as fully as possible to avoid delays– All cases are reviewed at the PGT-MDT**