

**Centre for Pre-implantation Genetic Diagnosis**  
**Guy's & St Thomas' Hospital NHS Foundation Trust**  
**PGD Patient referral form**

*Please complete as fully as possible. Incomplete forms and missing data may result in a delay for your patients*

**Please check the list to ensure your patients are eligible. If you have any queries about eligibility you may wish to contact us before referring**

**Referral criteria**

Please tick boxes.

Criteria	Tick/NA
Patients must be: <40 yrs at start of treatment. It may therefore not be possible to offer PGD to women over 39yrs	
Female BMI must be over 19 and under 30	
Couple must have been in a stable relationship for at least 1 year and living at the same address.	
Molecular diagnosis <b>must</b> have been confirmed in a <b>CPA accredited NHS laboratory</b> <i>* this will need to be completed before we can start the PGD process</i>	
Pathogenicity of mutation <b>must</b> have been determined by referring centre	
Couple must be non smokers or be willing to complete an NHS Smoking Cessation programme	
Couples with healthy children (from this union) will be accepted but must understand they will not be eligible for NHS funding	
Parents of <b>de novo</b> cases <b>must</b> have been tested where possible to exclude gene carrier status	

\*\*\* To set up PGD our laboratory will require DNA/blood samples from relevant family members.  
Please enclose the following molecular reports **with the initial referral**:

- **Autosomal recessive:** Affected child/fetus **and both parents'** carrier reports
- **Autosomal dominant:** Affected partner **and affected parent** or **other affected** family member's reports
- **XL:** Affected child/fetus **and carrier mother**

# PGD Patient referral form

<b>Date of referral:</b>	
<b>Referring clinician details</b>	
<b>Name:</b>	
<b>Address:</b>	
<b>Tel:</b> <b>Fax:</b>	
<b>Email:</b>	
<b>GP name &amp; postcode</b>	
<b>Patient details</b>	<b>Female partner                      Male partner</b>
<b>Name:</b>	<b>Name:</b>
<b>DOB:</b>	<b>DOB:</b>
<b>NHS No:</b>	<b>NHS No:</b>
<b>Patient Email:</b> <i>** we ask patients consent to send our PGD pack by email</i>	
<b>Your reference number</b>	
<b>Address of couple:</b>	
<b>Diagnosis:</b> Phenotype OMIM number is essential <i>if this is a new/rare condition ( please contact us if unsure)</i>	
History (please include family history, relevant obstetric/fertility details, previous children and health of patients affected by genetic conditions) <b>*** Please include:</b> <ul style="list-style-type: none"> <li>• Female BMI</li> <li>• Interpreter needed?</li> <li>• Is de novo status confirmed?</li> </ul>	
Please attach the following to this form when making a referral: (Please note - Will delay process if not included)	<ul style="list-style-type: none"> <li>• <b>Molecular or cytogenetic laboratory report from proband &amp; other affected family members if possible (essential for proband)</b></li> <li>• Copy of family tree</li> <li>• Miscarriage investigations if relevant</li> <li>• Any email correspondence you have had with us</li> </ul>
<b>Send form to:</b> PGD Genetics Counsellors Clinical Genetics Department 7 <sup>th</sup> Floor, Borough Wing, Guy's Hospital, Great Maze Pond, London, SE1 9RT	
If you would like to discuss a referral before sending please contact the PGD team on: <b>Tel: 020 7188 1364 or</b> <b>Email: <a href="mailto:jasbir.dhesi@nhs.net">jasbir.dhesi@nhs.net</a></b>	

