

Please include this form with referral and supporting documents

Pre-PGT

- Dynacare Fertility Questionnaire
- Carrier Screening - If done
- Karyotype - If done
- Any other relevant genetic test results (example: Fragile X, Y-microdeletion, CF testing)

**Post eFTS/ High risk eFTS/
Increased Nuchal Translucency**

- Dynacare Pregnancy Questionnaire
- eFTS Results including NT ultrasound report
- Embryo PGT result if relevant

Post-PGT

- All PGT results including detailed description of any chromosome abnormalities
- Embryo grading
- Which embryos have been previously transferred and outcome
- Please indicate whether patient is currently pregnant
- Dynacare Fertility Questionnaire
- Carrier Screening - If done
- Karyotype - If done
- Any other relevant genetic test results (example: Fragile X, Y-microdeletion, CF testing)

Family History/Gamete Donor History/ Carrier Screening

- Dynacare Fertility Questionnaire
- Carrier Screening* - Including gamete donor results if applicable
- Karyotype - If done
- Any other relevant genetic test results* (example: Fragile X, Y-microdeletion, CF testing)

*If genetic testing results are unavailable or a diagnosis is unconfirmed, patients will be counselled based on available information at the time of counselling session