

Post eFTS/ High risk eFTS/ Increased Nuchal Translucency/ Advanced Maternal Age

- Dynacare Pregnancy and Family History Questionnaire
- Dynacare Prenatal Referral Form
- eFTS Results including NT ultrasound report (if available)

Family History/ Consanguinity

- Dynacare Pregnancy and Family History Questionnaire
- Dynacare Prenatal Referral Form
- Carrier Screening* - If available
- Any other relevant genetic test results*

*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

Ultrasound Abnormalities

- Dynacare Pregnancy and Family History Questionnaire
- Dynacare Prenatal Referral Form
- Ultrasound report - any available for current pregnancy

Recurrent Miscarriages (3 or more)

- Dynacare Pregnancy and Family History Questionnaire
- Dynacare Prenatal Referral Form
- Any other relevant genetic test results (example: karyotype)

Teratogen

- Dynacare Pregnancy and Family History Questionnaire
- Dynacare Prenatal Referral Form
- Detailed medication list including dosage if relevant or any information pertaining to exposure
- Ultrasound report - any available for current pregnancy