

Patient name	DOB	For clinic referrals please give clinic number:
Address:	Telephone	
	Email	
Patient name (partner)	DOB	For clinic referrals please give clinic number:
Telephone	Email	
Outline of genetic consultation request:		
Outline of history that led to genetic consultation request:		
<p>Please attach the following documents in order to process the referral:</p> <p><input type="checkbox"/> Copy of genetic report(s) karyotype confirming mutation/chromosome abnormality (essential for genetic consultation)</p> <p><input type="checkbox"/> Copy of correspondence relating to genetic consultation/counselling fertility options (if available)</p> <p><input type="checkbox"/> Copy of correspondence relating to specialist consultation (if available)</p> <p><input type="checkbox"/> Previous prenatal diagnosis via amniocentesis/CVS/NIPT (if any)</p> <p><input type="checkbox"/> Previous PGT/IVF/ICSI cycles (if any)</p> <p>If requesting a consultation for use of donor gametes please complete the section below: donor code _____ supplying donor bank _____</p> <p>Does the clinic require CMV negative patients to use CMV negative donors Y/N _____ Does the clinic require genetic testing for co-carrier status Y/N _____</p>		
I/We have read the agreement below and request Fertility Genetics to provide services for the purpose of education and support with making decisions about fertility genetic screening and testing options		
Signed patient	Date	Print name
Signed patient (partner)	Date	Print name
Signed referring medical specialist (if applicable)	Date	Print name:
Clinic name:	Contact:	
Please return this signed and completed form to info@fertility-genetics.co.uk		

Agreement between the patient or patient and referring clinic and Fertility Genetics LLP

Genetic consultations provided by Fertility Genetics are from experienced scientists, clinicians and genetic counsellors with professional registration. Professionals who provide services to Fertility Genetics work following UK regulations and guidelines.

Consultation recommendations and risk assessments are limited by the family history provided by the patient during the consultation. Fertility Genetics will provide a consultation letter summarising the appointment within one week of the consultation or later if agreed at the time of the discussion to accommodate pending information. It is the patient's responsibility to review the information in the letter. If any relevant family medical history is missing or inaccurate, it is the patient's responsibility to advise Fertility Genetics of any changes as soon as possible as they may negatively affect or alter risk assessment and/or fertility treatment plans. Fertility Genetics will provide a revised letter based on the updated information.

Consultations are conducted in the English language, but patients can independently contract an interpreter for their requirements for the duration of a consultation. Genetic reports /testing results not in English will need to be translated and certified at the patient's expense.

Fertility Genetics strive to provide security of communication via email. Although it is unlikely that information in an email is intercepted and read by other parties, by providing a private email-address, the patient agrees to accept this risk when sending Fertility Genetics personal health information. Patients can send documents secured with a password if preferred. Fertility Genetics use Tresorit[®] to manage patients' confidential data in a secure way that is GDPR and HIPAA compliant with end to end encryption.

All appointment fees should be settled on receipt of the invoice to confirm the appointment booking. A minimum of 48 hours notice is required for appointment cancellation. If sufficient notice is not given or the patient is not present within 10 minutes of the scheduled appointment time, the pre-paid fee will be retained.

Patients using the services of Fertility Genetics acknowledge that recommendations, genetic technologies, testing options and medical knowledge provided by Fertility Genetics can change over time and as such recommendations, risk assessment and treatment plans may differ at a future date. Patients should, therefore, contact Fertility genetics at intervals if required or for subsequent pregnancies depending on the referral indication.