



McMaster University Medical Centre

2F Prenatal Diagnosis Clinic
1200 Main St. West, Hamilton ON L8N 3Z5

Genetic Counselling Inquiries 905-521-2100 ext 76247
Clinic Bookings 905-521-2100 ext 73135
Fax 905-521-4955

Physicians
B. DeFrance
S. McDonald
M. Morais
M. Osmond
C. Sacchini
S. Sharma
S. Winsor

Genetic Counsellors
K. Jensen
M. Huggins
N. McNamee
S. Ruddle
S. Wagler
L. Wallace

Date of Referral: _____

Referring Health Care Provider Information

Name: _____ Provider number: _____
Phone: _____ Fax: _____ Private line: _____
Address: _____ Postal code: _____

Patient Information

Name: _____ Date of Birth: _____
Health card number: _____ Age at EDC: _____
Address: _____ Postal code: _____
Home phone: _____ Alternate phone: _____
LMP: _____ EDC: _____ Gestational age: _____
Does patient need a translator? Yes / No Language: _____

Reason for Referral

- Screen Positive (please specify and attach report): FTS/ MSS
Abnormal ultrasound findings (please specify and attach report):
Late maternal age (please specify age at EDC):
Other (please specify):

All referrals require the following prior to booking:

- Ultrasound report confirming a viable pregnancy
Antenatal record 1 and 2
Please also include, if available:
Prenatal bloodwork, including blood group and antibody screen
All ultrasound reports from current pregnancy
FTS / MSS report / NIPT if done
Other related bloodwork, records or results