



Prenatal Diagnosis (PND) Clinic

1200 Main St. West, Hamilton ON L8N 3Z5

Phone 905-521-2100 ext 73135

Fax 905-521-4955

Physicians

- S. Agrawal
- E. Ashwal
- J. Barrett
- B. DeFrance
- H. Flores Mendoza
- A. Marseu
- M. Morais
- G. Nourallah
- S. Sharma
- S. Winsor

Genetic Counsellors

- M. Huggins
- K. Jensen
- N. Martin-Kenny
- N. McNamee
- S. Ruddle
- L. Wallace
- C. Aziz

Date of Referral: _____

Referring Health Care Provider Information

Name: _____ Provider number: _____

Type of provider (Doctor, RM, etc): _____

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: _____

Email address: _____

EDC: _____ Current gestational age: _____

Does patient need a translator? **Yes** **No** Language: _____

Reason for Referral

Screen Positive (please specify and attach report):	eFTS	MSS	NIPS/NIPT
Down syndrome	Trisomy 18	Neural tube defect (NTD)	
Risk number:			

Abnormal ultrasound findings (please specify and attach report): _____

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 / NIPS(NIPT if done)
- Other related bloodwork, records or results

Please note, failure to provide required documentation or a clear indication for referral will lead to delays in triage