

**Centre for Preimplantation Genetic Diagnosis  
Guys & St Thomas Hospital Foundation Trust**

**PGD Patient referral form**

*Please complete as fully as possible. Incomplete forms and missing data may result in a delay for your patients*

Referring clinician details	
Name:	
Address:	
Tel:	
Fax:	
Patient details	
Female partner Name: DOB:	
Male partner Name: DOB:	
Referrers Hospital Number	
Address of couple:	
Diagnosis	
History (please include details of family history, relevant obstetric/fertility details, previous children and health of patients affected by genetic conditions)  <b>*** Please include female BMI ***</b>	
Please attach the following to this form when making a referral:	<ul style="list-style-type: none"> <li>● Copy of family tree</li> <li>● Relevant molecular or cytogenetic laboratory reports (essential)</li> <li>● Miscarriage investigations if relevant</li> </ul>
<p><b>Send form to:</b>            PGD Genetics Counsellors            Clinical Genetics Department            7<sup>th</sup> Floor, Borough Wing, Guy's Hospital, Great Maze Pond,            London, SE1 9RT</p> <p>If you would like to discuss a referral before sending please contact the following:            Mrs Alison Lashwood/Ms Sarah Ross/ Dr Frances Flintner: Tel: 020 7188 1364            Email: <a href="mailto:alison.lashwood@gstt.nhs.uk">alison.lashwood@gstt.nhs.uk</a>, <a href="mailto:sarah.ross@gstt.nhs.uk">sarah.ross@gstt.nhs.uk</a>, <a href="mailto:frances.flinter@gstt.nhs.uk">frances.flinter@gstt.nhs.uk</a></p>	