

Referrals to UAB for preconception/prenatal genetic counseling services

Dear provider:

We have updated the process for referring patients for genetic counseling only. These are patients who DO NOT need a physician/physical exam, targeted/fetal ultrasound, or prenatal diagnostic testing.

Referred patients will meet with a genetic counselor, but they will not receive an ultrasound or physical exam at this appointment. Common indications for genetic counseling include:

- Recurrent pregnancy loss
- Review of products of conception (POC) results
- Facilitating/reviewing carrier screening results (If both partners are carriers for the SAME disorder, please continue to refer those patients to UAB Maternal-Fetal Medicine.)
- Preconception counseling to discuss personal/family history of a genetic disorder
- Structural abnormalities (in a first degree relative to the fetus)
- Intellectual disabilities

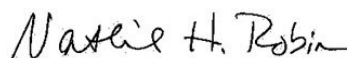
A genetic counseling only appointment also can be requested to review abnormal aneuploidy screening, diagnostic testing results, or concordant carrier screening results IF the patient already underwent a targeted ultrasound.

Requests for genetic counseling appointments should be faxed to the UAB Department of Genetics (see enclosed referral form) at 205-975-6389. The patient will then be notified of the appointment date/time. In-person and telehealth appointments are available.

If you have questions about this process, please call Fallon Brewer, lead genetic counselor for Prenatal Services, at 205-996-5698.

Thank you, and we look forward to helping you deliver excellent care to your patients.

Sincerely,



Nathaniel H Robin, M.D., FACMG
Director of Clinical Genetics and Genomics Services at UAB Medicine
Professor and Clinical Division Director



Akila Subramaniam, M.D., MPH, FACOG, FACMG
Division Director, Maternal-Fetal Medicine
Bruce Harris Jr. Endowed Professor in OBGYN
Director, OBGYN Research and Diagnostic Laboratory
Program Director, Maternal-Fetal Medicine Fellowship

Perinatal Genetic Counseling Referral Form

We appreciate you asking us to participate in your patient's care. Please provide details below for the patient you wish to be evaluated by the UAB Department of Genetics.

Patient name: _____ DOB: _____

Address: _____

City, state, ZIP: _____

Patient's email address: _____

Primary phone number: _____ Alternate phone number: _____

Emergency contact/phone number: _____

Insurance company: _____ Group number: _____

Name of policyholder: _____ Policy number: _____

Currently pregnant: Yes No If yes, provide EDC: _____

Referring physician: _____ Office contact: _____

Office phone number: _____ Fax number: _____

Indications for Genetic Counseling Clinic (mark all that apply):

- ☐ Review products of conception (POC) results
- ☐ Recurrent pregnancy loss
- ☐ Preconception counseling:
- ☐ Personal/family history of genetic disorder
- ☐ Personal/family history of structural abnormalities
- ☐ Personal/family history of intellectual disabilities
- ☐ Review carrier screening results
- ☐ Review abnormal aneuploidy diagnostic testing results (patient must have undergone targeted ultrasound exam/met with Maternal-Fetal Medicine)
- ☐ Other (please specify): _____

Appointment type (mark preference):

- ☐ First available
- ☐ Telehealth
- ☐ In-person (main UAB campus downtown)

Will your patient require interpreter services? If so, please specify preferred language: _____

Patient medical records such as labs, clinic notes, and ultrasound reports should be included with this referral form. Please fax appropriate records to 205-975-6389. Thank you.