

Fax To

<b>Burnaby:</b>	604.434.5522
<b>Victoria:</b>	250.704.0034
<b>Edmonton:</b>	780.990.4443

Patient Name

DOB

Health Care #

Patient Email

Primary Contact Number

Referring Provider

AHCIP/MSP Billing #

Referring Provider Fax

## Fertility Services

Reason for referral:

- Infertility
- Fertility Preservation – Elective (Egg Freezing)
- Fertility Preservation – Oncofertility

- Third Party Reproduction (Donor Sperm, Donor Egg, Surrogacy)
- Preimplantation Genetic Testing (PGTA, PGT-M, PGT-SR)
- Invitae Carrier Screening

If available, please attach any relevant investigations. If no prior testing has been done, we will organize all the details.

## Prenatal Screening

- First Trimester Screening (FTS) with Nuchal Translucency (NT) and Pre-eclampsia screening (PE)

- NIPT
- TriO: FTS (with NT and PE screening) + NIPT

## Andrology Services

- Sperm Screen
- Sperm Functional Assessment

- Sperm Screen with Antibody Screen

Notes