

**Centre for Pre-implantation Genetic Testing (PGT)  
at Guy's Hospital  
Patient Referral Form**

*Please fully complete the below fields. Incomplete forms and missing documentation may require referral rejection, resulting in delays for your patient.*

**Please ensure your patients are eligible for NHS-funded treatment. If you have any queries about eligibility, you may wish to contact us before referring.**

**Referral criteria**

	Tick or NA
Female patients must be under 40 years at start of treatment. It is not always possible to offer PGT to women over 39 years of age.	
Female body mass index (BMI) must be over 19 and under 30.	
Couple must have been in a stable relationship for at least 1 year, and currently living at the same address.	
Molecular diagnosis <b>must</b> have been confirmed in a <b>UKAS-accredited NHS laboratory</b> . <i>International reports can be accepted if that have an equivalent accreditation (i.e. CLIA, CAP).</i>	
Pathogenicity of mutation <b>must</b> have been determined by referring centre—class 4 or 5 variants only accepted. <b>Classification must have been reviewed after newest ACGS classification guidelines were published (from June 2024)</b> . <i>Please submit updated report or written correspondence from laboratory along with referral.</i>	
Couple must be non-smokers (including vaping and e-cigarettes) or be willing to complete an NHS Smoking Cessation Programme.	
Couples with healthy children together will be accepted but must understand they will <u>not</u> be eligible for NHS funding.	
Parents of <b>de novo</b> cases must have been tested where possible to exclude gene carrier status.	

To set up PGT, our laboratory usually requires DNA samples from family members across two generations. Please tick to confirm you have sent the following molecular genetic reports with the initial referral:

	Please tick <u>one</u>
<b>Autosomal Dominant</b>	
Carrier partner and affected child/pregnancy	
Carrier partner and affected parent	
<b>Autosomal Recessive</b>	
Carrier couple and affected child/pregnancy	
Carrier couple and couple's parents (carrier status confirmed)	
<b>X-Linked Recessive or Dominant</b>	
Carrier/affected partner and carrier/affected child	
Carrier/affected partner and carrier/affected parent	
<b>Chromosome Rearrangement</b>	
No DNA samples required but please send relevant reports	

## PGT Patient Referral Form—Guy's Hospital

<b>Date of referral:</b>	
<b>Referring Clinician Details</b>	
<b>Name:</b>	
<b>Address:</b>	
<b>Tel:</b>	
<b>Email:</b>	
<b>Patient details:</b>	<b>Partner 1</b> <span style="float: right;"><b>Partner 2</b></span>
<b>Name:</b>	<b>Name:</b>
<b>DOB:</b>	<b>DOB:</b>
<b>Gender:</b>	<b>Gender:</b>
<b>NHS No:</b>	<b>NHS No:</b>
<b>Tel No:</b>	<b>Tel No:</b>
<b>Email:</b>	<b>Email:</b>
<b>GP name and address</b>	
<b>Your reference number</b>	
<b>Address of couple</b>	
<b>Diagnosis and OMIM phenotype number</b>	
<p><b>History</b> (including medical, family and reproductive histories) Please include details of any miscarriage/gynaecology/fertility investigations. *** <b>MUST</b> include:</p> <ul style="list-style-type: none"> <li>• Female partner BMI</li> <li>• Interpreter needed?</li> <li>• Is de novo status confirmed?</li> </ul>	
Please attach the following to this form when making a referral:	<ul style="list-style-type: none"> <li>• <b>Molecular or cytogenetic laboratory report from proband &amp; other affected family members if possible (essential for proband)</b></li> <li>• Copy of family tree, clinical letter summarising reproductive counselling, medical information if affected by the condition</li> <li>• Any email correspondence you have had with us</li> <li>• Information about <b>both</b> partners or indication that the patient is undergoing PGT as a single person.</li> </ul>
Send form to: Email: <a href="mailto:gst-tr.pgdenquiries@nhs.net">gst-tr.pgdenquiries@nhs.net</a>	If you would like to discuss a referral before sending please contact the PGT team on: Tel: 020 7188 1364 or Email: <a href="mailto:gst-tr.pgdenquiries@nhs.net">gst-tr.pgdenquiries@nhs.net</a>