**Centre for Preimplantation Genetic Testing at Guy’s Hospital**

Additional Proforma for Vascular Ehlers-Danlos Syndrome

Thank you kindly for referring your patient(s) to discuss Preimplantation Genetic Testing (PGT) for vEDS. If the female partner is affected by vEDS, we require the below information. We will be unable to contact your patient without this information.

|  |  |
| --- | --- |
|  | Please Indicate |
| Family history including information about any pregnancies in affected female relatives |  |
| Information about her last MRA or CTA (arterial scan) and date of it |  |
| Summary of previous abdominal interventions/events (or explicit confirmation that there have been none) |  |
| Counselled by EDS specialist service on reproductive choices and associated risks. | N/ Y  London  Sheffield |
| Confirmation that the referring clinician discussed risks of ovarian stimulation and egg collection in regards to increased vascular events. |  |
| Mutation type Glycine substitution/ halopinsuficiency mutations such as null mutation |  |

We may not be able to proceed with PGT pending a review by our medical team.

Please send this information, or any other relevant documentation,

to us at [gst-tr.pgdenquiries@nhs.net](mailto:gst-tr.pgdenquiries@nhs.net)