



Request for saliva kit send out

Date submitted: _____

Patient Name/s: _____

Patient/carer mobile: _____

Number of kits to send (1 per individual)*: _____

***Notes:**

Predictive genetic testing requires two separate samples per patient. Please ensure you order the correct number of kits.

Urgent sample: YES ☐ NO ☐

EMAIL TO: vcgs@vcgs.org.au

Postal address: (If different from request form)

Name: _____

Postal address: _____

State: _____ Post code: _____

Tests that can be done using saliva:

Molecular karyotype (microarray); reproductive carrier screening; fragile X; exome sequencing;
Prader-Willi/Angelman syndrome; familial variant detection; parental segregation
NGS panels (e.g. cardiac, DSD).

Admin only

Date sent: _____

Tracking number: _____