

## **PRENATAL GENETICS**

Indications for referral of patients for prenatal or preconception genetic evaluation and counseling:

1. Advanced Maternal Age (AMA,  $\geq 35$  y/o if patient desires genetic counseling)
2. Abnormal CA Prenatal Screening Program
3. Family history of 1) heritable disorder, or 2) intellectual disability in a first degree relative
4. Abnormal carrier status in **both** patient and partner (FOB)
5. Abnormal ultrasound findings
6. Personal history of genetic disorder in patient or partner (FOB)

**Please send any records of prior genetics workup including relevant laboratory test results. Please contact Medical Genetics for any other concerns.**

Indications for referrals, not accepted:

1. Low MCV
2. Teratogen