

BC Prenatal Genetic Screening Program Tools

All tools listed below are available on the BC Prenatal Genetic Screening website at www.bcprenatalscreening.ca

Physicians and midwives wishing additional copies may request by faxing or mailing this form to the Program.

1. Guideline: Prenatal Screening for Down Syndrome,

Trisomy 18 and Open Neural Tube Defects

Quantities: 1 2 3 (maximum)

2. Laminated reference cards:

Key tables and flow diagrams from the Guideline: *Prenatal Screening for Down Syndrome, Trisomy 18 and Open Neural Tube Defects*

Quantities: 1 2 3 4 5 (maximum)

3. Poster: Pregnant? Thinking about getting pregnant?

(patient reference - to display in your office/examination room)

Quantities: 1 2 3 4 5 (maximum)

4. Patient teaching pamphlets:

A) *Prenatal Genetic Screening: It's your choice*

English;

10 25 50 75 100 Other _____

Traditional Chinese;

(Southern China, Taiwan, Hong Kong, Macau)

10 25 50 75 100 Other _____

Simplified Chinese;

(Singapore, Mainland China)

10 25 50 75 100 Other _____

Punjabi;

10 25 50 75 100 Other _____

French;

10 25 50 75 100 Other _____

B) *A Screen Positive Result:*

What does it mean and what do I do now?

English;

10 25 50 75 100 Other _____

Traditional Chinese;

(Southern China, Taiwan, Hong Kong, Macau)

10 25 50 75 100 Other _____

Simplified Chinese;

(Singapore, Mainland China)

10 25 50 75 100 Other _____

Punjabi;

10 25 50 75 100 Other _____

French;

10 25 50 75 100 Other _____

Ordering Physician / Midwife

MSP PRACTITIONER #

NAME

ADDRESS

POSTAL CODE

TELEPHONE

Return form via fax or mail

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