



**CLINICAL GUIDELINE**

**Genetics Referral Pathway**

<b>Scope (Staff):</b>	Nursing and Medical Staff
<b>Scope (Area):</b>	NICU KEMH, NICU PCH, NETS WA

This document should be read in conjunction with this [DISCLAIMER](#)

General advice during office hours Monday to Friday: on-call Clinical Geneticist is available on 64581625.

After hours advice on-call: Clinical Geneticist is available via the KEMH switchboard on 64582222.



**All** referrals require a referral form or consult form to be faxed to the genetics department. Fax number 64581685.

It is preferable that the [Genetics Paediatric Referral Form](#) is used. This form contains all required information to help with triaging the priority/urgency of the referral.

**Useful resources (including related forms)**

[Genetics Paediatric Referral Form](#)

This document can be made available in alternative formats on request for a person with a disability.

File Path:			
Document Owner:	Neonatology		
Reviewer / Team:	Neonatal Coordinating Group		
Date First Issued:	September 2017	Last Reviewed:	1 <sup>st</sup> September 2017
Amendment Dates:		Next Review Date:	1 <sup>st</sup> September 2020
Approved by:	Neonatal Coordinating Group	Date:	26 <sup>th</sup> September 2017
Endorsed by:	Neonatal Coordinating Group	Date:	26 <sup>th</sup> September 2017
Standards Applicable:	NSQHS Standards:  		
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