

Pacific Centre for Reproductive Medicine

The Prelude Network®

604.434.5522

250.704.0034

Fax To

Burnaby:

Victoria:

Burnaby

500-4601 Canada Way Burnaby, BC V5G 4X7 Office 604.422.7276 Fax 604.434.5522

Toll Free 866.481.7276

pacificfertility.ca

Victoria

207 - 4400 Chatterton Way Victoria, BC V8X 5J2 Office 250.704.0024 Fax 250.704.0034 Edmonton

3rd Floor 9888 Jasper Ave Edmonton, AB T5J 5C6 Office 780.990.4442 Fax 780.990.4443

Edmonton: 780.990.4443		
Patient Name	DOB	Health Care #
Patient Email	Primary Contact Number	
Referring Provider	AHCIP/MSP Billing #	Referring Provider Fax
Fertility Services ————————————————————————————————————		
Reason for referral:		
Infertility	Third Party Reproduction (Donor Sperm, Donor Egg, Surrogacy) Preimplantation Genetic Testing (PGT-A, PGT-M, PGT-SR) Carrier Screening	
Fertility Preservation – Elective (Egg Freezing)		
Fertility Preservation – Oncofertility		
If available, please attach any relevant investigations. If no prior testing has been done, we will organize all the details.		
Prenatal Screening —		
First Trimester Screening (FTS)	NIPT TriO: FTS (with NT and PE screening) + NIPT	
with Nuchal Translucency (NT) and Pre-eclampsia screening (PE)		
Andrology Services —		
Sperm Screen	Sperm Screen with Antibody Screen	
Sperm Functional Assessment		
Notes		