



# I wish to receive Cystic Fibrosis carrier testing packs.

These should be sent to:

Name .....

Address .....

.....

.....

Have you previously received packs: Yes / No

Type (circle one) O&G / Shared Care GP / GP

Number of Packs . . . . .

Number of Brochures . . . . .

Please send this form to:

Victorian Clinical Genetics Services,  
10th floor, Royal Children’s Hospital,  
Flemington Road, Parkville, 3052, Victoria.

Alternatively      fax 03 8341 6212  
                         or      call 03 8341 6312  
                         or      email your order to: [molgen.general@ghsv.org.au](mailto:molgen.general@ghsv.org.au)

For further information regarding this program  
telephone Vicki Petrou on 03 8341 6352.



The Cystic Fibrosis Carrier Screening Program acknowledges the support of Cystic Fibrosis Victoria

