|  |  |
| --- | --- |
| **Incomplete referral** | **<Name of outpatient clinic>**  <Address of clinic>  <Phone, fax and email of clinic> |

<Date>

Incomplete referral - request for further information **SAMPLE TEMPLATE**

<Referrer name>

<Referrer address>

<Referrer email>

Dear <referrer name>

I am contacting you to advise that we received an incomplete referral form on <date referral received> for your patient:

**<Patient name>**<Patient address>

Could you please provide us with the information required within **20 days of the date on this letter**, either by email to <email address>, by fax to <fax number>, or by return post.

A NSW clinical genomics services referral form has been attached for your convenience, to complete. Results of completed baseline investigations are also required. Please include copies of all relevant results and correspondence to assist with our triage process.

This information allows us to provide your patient with the assessment required for our clinical genomics service, without this information the patient is unable to be accepted onto our appointment list related to this referral.

Thank you for your prompt attention to this request. If you have any queries, please contact our <insert position name and contact number>.

Yours sincerely

<Signature block>

Published Oct 2022. Next review 2026. © State of NSW (Agency for Clinical Innovation) CC-ND-BY