MACKENZIE'S MISSION
REPRODUCTIVE GENETIC CARRIER SCREENING

EXPRESSION OF INTEREST FORM
RECRUITING HEALTHCARE PROVIDERS

Please return by fax to (08) 8161 7754 (Lara Fitzgerald)

Please complete this form indicating whether you are interested in inviting your patients to take part in this research.

Healthcare provider name _____

Clinic/Practice/Hospital name _____

Please ✓ **TICK** *your preferences for options below and fill in your details for your preferred choice/s.*

I AM A ☐ GP ☐ Obstetrician/Gynaecologist ☐ Midwife ☐ Genetic healthcare provider ☐ Fertility specialist
☐ Other, please specify: _____

☐ **I AM interested** – Please contact me via:

☐ Phone _____

☐ Email _____

Best days / times to contact me: _____

☐ **I am NOT SURE** – Please contact me to discuss this further via:

☐ Phone _____

☐ Email _____

Best days / times to contact me: _____

☐ **I am NOT interested** – We would appreciate if you could give us an indication of the reason/s you are not interested in taking part in Mackenzie's Mission at this time. *Please* ✓ **TICK** *any that apply:*

☐ I'm too busy to incorporate this into appointments
☐ I don't feel that offering genetic carrier screening should be part of my role
☐ I don't feel I have sufficient knowledge in this area
☐ I'm not sure how to incorporate genetic carrier screening into my practice
☐ Other, please specify: _____

Follow-up interviews – We are interested in understanding healthcare provider perspectives about genetic carrier screening. We would like to hear your views regardless of whether you have agreed to take part in Mackenzie's Mission, are not sure, or have declined to be involved. If you would be willing to take part in an interview to enable us to explore your perspectives in more depth, *please* ✓ **TICK** *below.*

☐ **I am happy to be contacted for a follow-up interview** – *If not listed above, please provide your contact details:*

☐ Phone _____

☐ Email _____