



Primary Care Genetics Society Clinical Genetics in General Practice

Symposium 4th March 2009

Venue:

Shipley Health
Centre,
Shipley
nr Bradford

This is the fourth in a series of conferences from the Primary Care Genetics Society, which address some of the issues increasingly encountered by General Practitioners in their day to day practice.

- 8.45 Registration and Coffee
- 9.30 Introduction
- 9.45 **Mapping out a family history – genetics in primary care** - *Dr Nadeem Qureshi, GP/Senior Lecturer Primary Care, University of Nottingham*
- 10.20 **Cancer Genetics – Learning the essentials** - *Dr Judith Hayward, GPwSI in Genetics, Yorkshire Regional Genetics Service*
- 11.00 Coffee/Tea
- 11.30 **Genetics and Multi-ethnicity - Caring for patients from ethnic minorities** - *Dr Peter Corry, Consultant Paediatrician (Neurodisability), St Luke's Hospital, Bradford*
- 12.10 **Culture, Religion and Reproductive Choices** - *Dr Gulshan Karbani, Genetic Counsellor, Yorkshire Regional Genetics Service*
- 12.50 Lunch
- 13.45 **Interactive Workshop Session - 'Pedigree drawing and patterns of inheritance'** - *Dr Imran Rafi, GPwSI in Genetics/Senior Lecturer Primary Care Education, St George's University of London*
- 15.15 Tea/Coffee
- 15.30 **Monitoring for common inherited conditions - how primary care can assist regional genetics centres?** - *Dr Carol Chu, Consultant Geneticist, Yorkshire Regional Genetics Service*
- 16.00 End

Registration Form

- I would like to attend the full PCGS conference on 4th March 2009 - [price £115](#)
- I would like to attend for half a day - [price £65](#) morning
(please indicate when you wish to attend) afternoon
- I am unable to attend, but would like to receive information about PCGS

Title	Firstname	Surname
<hr/>		
Job Title		
<hr/>		
Organisation		
<hr/>		
Address		
<hr/>		
Town		
<hr/>		
County		Postcode
<hr/>		
Telephone		Email
<hr/>		

- I enclose a cheque for the total made payable to Innervate Ltd
- Please invoice me for the total amount payable
- Please charge my debit / credit card for the total amount payable
- Delta Maestro MasterCard Visa

Name on card:

Number: <hr/>	3 digit security code: <hr/>
Expiry date: <hr/>	Issue number (Maestro): <hr/>
Date: <hr/>	Signature: <hr/>

Please return completed form to: PCGS Secretariat, c/o Innervate Ltd, 117 Waterloo Road,
London SE1 8UL

Or fax to: 020 7760 7193 Telephone: 020 7921 0002

From time to time we may send you additional information on the services of Innervate Ltd (Secretariat to the PCGS) and its products. If you do not wish to receive information please tick this box:

[Prices are inclusive of VAT.](#)