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PRENATAL TESTING CONSENT FORM

PATIENT NAME:	DOB:
I understand that certain prenatal genetic testing may not be covered by my insurance. If I elect to have any of the genetic testing done during my pregnancy, whether on me, or the father of my baby, and it is not covered by my insurance, I understand and agree that I am responsible and will pay in full for all laboratory costs of such testing.	
SIGNATURE:	DATE:

Below is a list of screening tests available to you. These tests are not always accurate. False positives, as well as false negatives might occur. Normal tests do not guarantee your baby will be perfectly healthy. If any of the tests come back abnormal, additional testing may be recommended. Information has been provided to you on each of these diagnostic and screening tests. Please refer to the provided information and let us know if you have any questions and which testing you are interested in having.

Cystic Fibrosis Carrier Testing

Blood test- can be performed anytime and does not need to be repeated with your next pregnancy. It checks to see if you are a carrier of the most common gene mutations causing cystic fibrosis, a very serious lung disease with an average life expectancy of 40 years. The carrier rate is as high as 1/24 in some high risk populations. A negative test does not guarantee that your baby is not affected. I have received the appropriate information regarding this test. My provider has discussed this test with me, reviewed its benefits and risks, and answered all of my questions to my satisfaction.
I understand this information and choose to:

Accept Test:	Decline Test:	Initials:

SMA/Fragile X Carrier Testing

Blood test- can be performed anytime and does not need to be repeated with your next pregnancy. SMA is a serious muscular disease that often severely shortens life expectancy and has a carrier rate as high as 1/47 in some high risk populations. Fragile X is a gene mutation associated with mental retardation. A negative test does not guarantee that your baby is not affected. I have received the appropriate information regarding this test. My provider has discussed this test with me, reviewed its benefits and risks, and answered all of my questions to my satisfaction.
I understand this information and choose to:

Accept Test:	Decline Test:	Initials:

First Trimester Screen

Blood test and ultrasound – performed between 11-13 weeks with Maternal Fetal Medicine physicians, screens for trisomy 18 and 21 (Down Syndrome). Occasionally other rare genetic disorders are detected. This testing is booked at an outside facility and must be booked according to their schedule. This test can have false positive and false negative results, and depending on the results further testing may be indicated. I have received the appropriate information regarding this test. My provider has discussed this test with me, reviewed its benefits and risks, and answered all of my questions to my satisfaction. I understand this information and choose to:

Accept Test:	Decline Test:	Initials:

Quad Screen
Blood test – performed between 15-20 weeks, screens for trisomy 18, 21 and open neural tube defects. This test can have false positive and false negative results, and depending on the results further testing may be indicated. I have received the appropriate information regarding this test. My provider has discussed this test with me, reviewed its benefits and risks, and answered all of my questions to my satisfaction. I understand this information and choose to:

Accept Test:	Decline Test:	Initials:

Sequential Screen
Blood test – used in combination with the first trimester screen to give the most accurate results in a low risk population for trisomy 18, 21, and open neural tube defects. This test can have false positive and false negative results, and depending on the results further testing may be indicated. I have received the appropriate information regarding this test. My provider has discussed this test with me, reviewed its benefits and risks, and answered all of my questions to my satisfaction. I understand this information and choose to:

Accept Test:	Decline Test:	Initials:

Cell Free DNA
Blood test – used to screen for trisomy 13, 18, and 21 after 10 weeks primarily in high risk populations, such as women age 35 and older. This test is also able to identify the fetal sex. When used in lower risk women this test has a higher rate of false positives, and therefore is not our recommended screening test in low risk women. This does not test for open neural tube defects. This test can have false positive and false negative results, and depending on the results invasive testing may be indicated. I have received the appropriate information regarding this test. My provider has discussed this test with me, reviewed its benefits and risks, and answered all of my questions to my satisfaction.
I understand this information and choose to:

Accept Test:	Decline Test:	Initials:

AFP Only
Blood test – performed between 15-20 weeks, tests for open neural tube defects only, does not screen for trisomy. This test can have false positive and false negative results, and depending on the results further testing may be indicated. I have received the appropriate information regarding this test. My provider has discussed this test with me, reviewed its benefits and risks, and answered all of my questions to my satisfaction. I understand this information and choose to:

Accept Test:	Decline Test:	Initials:

Level II Ultrasound
Ultrasound – performed at 18+ weeks, replaces the standard anatomy scan done in the office. Performed for women with an increased risk of fetal abnormalities or medical conditions requiring a high risk consultation. Performed at the Maternal Fetal Medicine office. I have received the appropriate information regarding this test. My provider has discussed this test with me, reviewed its benefits and risks, and answered all of my questions to my satisfaction.
I understand this information and choose to:

Accept Test:	Decline Test:	Initials:

Invasive Fetal Testing
Collection of fetal cells – this testing includes both chorionic villi sampling and amniocentesis. It is performed to diagnose several fetal abnormalities, including trisomies, and is the only fetal testing that can be used to officially diagnose (instead of screen for) these issues in the fetus. This testing is performed at the Maternal Fetal Medicine office. Both tests involved inserting a needle into the uterus and collecting fetal cells from the placenta or amniotic fluid which are used for genetic diagnosis. I have received the appropriate information regarding this test. My provider has discussed this test with me, reviewed its benefits and risks, and answered all of my questions to my satisfaction.
I understand this information and choose to:

Accept Test:	Decline Test:	Initials:

I understand everything as outlined above and have had the opportunity to ask questions:

Patient Signature: _____ Date: _____