Catawba Women's Center
Caring For A Lifetime
1501 Tate Blvd SE, Ste 201
Hickory, NC 28603-0038
828-322-4140

Consent for Genetic Screening

☐ Carrier Testing

Carrier Testing tells you if you are a carrier of a genetic disease. This test looks at your genes to find out if you are a carrier of Cystic Fibrosis, Fragile X or Spinal Muscular Atrophy (SMA), and are at risk to have an affected baby. If you have EVER had carrier testing for these mutations, it does not need to be repeated.

Genetic Testing, including Carrier Screening may NOT covered by insurance. I have been informed that if my insurance carrier does not cover this test, I will be personally responsible for paying for this service and understand it will be billed by Progenity.

_____ **Yes**, I do want Carrier Testing

_____ **No**, I do not want Carrier Testing

Signature of Patient Date

Signature of Witness Date

OB Patients Select one: Integrated Screening, Quad Screen, or Cell Free DNA.

☐ 1. Integrated Screening

This test is recommended for low risk patients and is a combination of blood tests plus a special ultrasound that detects signs of birth defects such as Downs Syndrome, Trisomy 18 and heart defects. The first component (blood and US) of this test is done in the first trimester of pregnancy. The second component (blood only) of this test is done in the second trimester of the pregnancy. Both parts of the test must be performed in the proper time frame for the test to be completed.

☐ 2. Quad Screen Testing / AFP Tetra Maternal Serum Screening

This blood test screens for Neural Tube Defects and chromosomal abnormalities like Downs Syndrome, Spina Bifida, and Trisomy 16 or 18. This test is available between 16 and 21 weeks of pregnancy.

This test is intended for patients who are late entry to prenatal care (after 14 weeks). The optimal gestational age is 16 to 18 weeks.

☐ 3. Cell Free Fetal DNA in Maternal Blood (Progenity Innatal)

This one time blood test screens for chromosomal aneuploidies like Downs Syndrome and other chromosome conditions, and several sex chromosome conditions. This test is for singleton, twin, or donor pregnanies and is available as early as 11 weeks of pregnancy. This test does **NOT** include screening for Spina Bifida therefore we will add the Spina Bifida Screening (OSB) test during the second trimester.

This test is recommended for High Risk patients who are at increased risk for aneuploidy (Advanced Maternal Age (>34), positive serum screen, abnormal Ultrasound, and/or increased risk for T21, T18, T13 abnormality)

I have been provided information about and understand all of the the testing options outlined below. All my questions about these tests have been answered. I understand that the decision to be tested is completely mine. Positive results to any of these tests may require further testing and/or genetic counseling. I also understand that there is an additional cost for each test outside of the regular OB care estimate.

Not all testing is covered by all insurances and if not paid by my insurance, I accept financial responsibility.

_____ **Yes**, I do want the Integrated testing
_____ **No**, I do not want the Integrated testing

_____ **Yes**, I do want the Quad/AFP testing
_____ **No**, I do not want the Quad/AFP testing

_____ **Yes**, I do want the Cell Free DNA testing
_____ **No**, I do not want the Cell Free DNA testing

Signature of Patient Date

Signature of Witness Date