



Refusal for Genetic Counseling and Screening

1. The purpose of genetic screening or testing is to detect certain birth defects, including fetal chromosome disorders and structural abnormalities. Genetic testing or screening is recommended because of your age. Because of you will be 35 years of age at delivery, we recommend Non-Invasive Prenatal Testing (NIPT), genetic counseling, a Detailed ultrasound and/or genetic amniocentesis. Genetic counseling is an educational process which provides risk assessment for genetic conditions.
2. NIPT detects fetal DNA in the maternal blood. The test checks for the most common disorders, such Down syndrome, Trisomy 18, Trisomy 13, and sex chromosome disorders. This can be performed any time after 10 weeks. NIPT is considered a screening test since there is a small risk of false positive (0.3% for Down syndrome for example) or negative. Amniocentesis is recommended for diagnosis if the NIPT show High Risk for genetic abnormality. A detailed ultrasound is recommended for all patients over age 35.
3. Amniocentesis is an invasive procedure that requires removing a small amount of amniotic fluid. A thin needle is inserted using ultrasound guidance into the uterus and the fluid is sent for testing. The risk of serious complication is generally less than 1 per thousand procedures. This procedure is performed at Obstetrix Medical Group in Campbell by the perinatologists. Amniocentesis is considered a diagnostic test and has a very small false positive or negative rate.
4. Normal test results do not guarantee the birth of a normal child. As in any laboratory test, there is a small possibility of error and maternal cells may contaminate the sample. In addition, approximately 3-5% of all pregnancies have birth defects that cannot be detected by testing amniotic fluid or by ultrasound examination. In the case of twins or triplets, the results may pertain to only one of the fetuses. In the case of abnormal results by NIPT, diagnostic amniocentesis is recommended. If the fetus has an abnormality, genetic counseling will help be offered to help with any potential decisions regarding the pregnancy outcome.

I decline to have genetic counseling or any genetic testing or screening, including Detailed ultrasound. I understand and accept the consequences of this decision. Should I elect to pursue genetic counseling at a later date, my testing options and/or treatment alternatives may be limited due to the gestational age of the fetus. The decision to consent to, accept, or to refuse genetic counseling, a Detailed ultrasound, NIPT or amniocentesis is entirely mine. My signature below indicates that I have read, or had read to me, the above information and I understand it. I have had an opportunity to discuss it with my doctor. All my questions have been answered.

Signed: _____ **Date:** _____

Witnessed By: _____ **MRN:** _____