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## NOTICE AND CONSENT FOR THE FOLLOWING TESTS

The American College of Obstetrics and Gynecology recommends that all pregnant patients be offered the following tests. Please initial and circle accept or decline for each option below:

\_accept/deline Obstetrical ultrasound is a relatively safe method that uses sound waves to obtain pictures to:

Witness

<ul> <li>estimate fetal size, maturity and anatomy</li> </ul>	
<ul> <li>evaluate placental position and location</li> </ul>	
<ul> <li>discover singleton versus multiple pregnancy(ies)</li> </ul>	
it is reasonably accurate method for diagnosis (not treatment) that rose advised that like all tests, we cannot guarantee 100% accuracy. It per not detected at all.	
accept/deline <b>Carrier Screen</b> (for Hemoglobinopathies, Cyss offered to all pregnant women. These diseases are inherited. A possible father of the baby will need the same screening. If the father is reheoretical risk of a child born with cystic fibrosis is 1 in 120.	sitive screen means you are a carrier of a disease, and
accept/deline <b>Non-Invasive Prenatal Testing</b> is a highly seretus for Down's Syndrome (trisomy 21), Patau Syndrome (trisom drawn as early as 10 weeks.	
accept/deline <b>Sequential Screen/Nuchal Translucency</b> is a fetus as well as drawing a mother's blood to test a fetus for Down's Standards' Syndrome (trisomy 18) as well as open neural tubes.	Syndrome (trisomy 21), Patau Syndrome (trisomy
accept/deline <b>Blood transfusion</b> may be necessary during the sure. Occasionally, hemorrhage may complicate pregnancy, endanged adequate substitute for blood, transfusion may be necessary to prevertisk for HIV transmission is 1/600,000 and hepatitis 1/60/000. Which is severe complications without transfusion will be much high	ering both mother and fetus. Knowing there is no ent permanent injury or death. Please be advised that then blood transfusion is considered (as a last resort),
understand that I may be responsible for payment of any or all of following: my insurance company, laboratory companies, and ultras	· · · · · · · · · · · · · · · · · · ·
Patient Name Pa	tient Signature

Date