

MaterniT 21 PLUS with Sex Chromosomal Analysis (SCA)

Cell-free DNA test

Patient Name: _____ DOB: _____

Cell-free DNA is the small amount of DNA that is released from the placenta into a pregnant woman's bloodstream. This is used to screen for Down syndrome (Trisomy 21), Edward's syndrome (Trisomy 13), Patau syndrome (Trisomy 18) and problems with the number of sex chromosomes.

This test can be performed any time after 10 weeks.

This testing is not as sensitive for a woman carrying more than one baby such as twins.

Fetal sex, male or female, will be determined. You have the option of requesting or declining to know this information.

A **positive** screening test result means that your fetus is at higher risk of having a disorder compared with the general population. It **does NOT** mean that your fetus DEFINITELY has the disorder. After a positive screening result, we will refer you to the high risk pregnancy specialist (perinatologist/ Maternal Fetal Medicine-MFM) who will perform a detailed ultrasound and offer you the option of diagnostic testing with *CVS or amniocentesis*, which are diagnostic tests that will tell if your baby actually has the disorder.

A **negative** screening test result means that your fetus is at a lower risk of having the disorder compared with the general population. It **does NOT** completely rule out the possibility that your fetus has a disorder.

***These screening tests could result in a false-positive result (shows there is a problem when there isn't one) or a false-negative result (shows there is not a problem when there is one). It is important to remember that a screening test can never completely rule out the chance of the baby having any birth defects.

There is a chance that the test will be inconclusive due to low fetal fraction (not enough fetal cells in the sample). At that time, we will refer you to the high risk OB specialist (perinatologist/MFM) who will offer repeat testing or offer you the option of diagnostic testing with CVS or amniocentesis that gives a more definite result.

_____ I do want testing for MaterniT21 PLUS with SCA

_____ I do want to be informed of the gender of the baby

_____ I do NOT want to be informed of the gender of the baby

_____ I do NOT want testing for MaterniT21 PLUS with SCA

Signature of Patient: _____ Date: _____

Signature of Provider: _____ Date: _____