



## **CONSENT FOR GENETIC DISEASE CARRIER SCREENING**

The goal of this practice is to make sure that you receive optimal care and attention to improve your chances of having a healthy pregnancy and a healthy child. As a part of your care, we offer screening for hereditary conditions that can be passed on to children from carrier parents.

Carriers of hereditary conditions typically do not exhibit signs or symptoms of the disease so testing is necessary to detect carrier status. Most hereditary conditions can be inherited only if both parents are carriers of the gene that causes the condition; however, some can be passed on if only one parent carries the relevant gene.

Genetic carrier screening can help you understand your risk of having a child with a genetic disease. There is a wide range of genetic carrier screening options. If both you and your partner are carriers for the same disease, your child has a 1 in 4 (25%) chance of having that disease. Certain disorders, such as Fragile X, can be inherited if just one parent is a carrier, and the risk could be as high as 1 in 2 (50%).

You will have the opportunity to speak with your physician and a genetic counselor about the options available to you. You should be aware that because not every genetic mutation and disorder can be identified through genetic carrier screening, a negative genetic carrier screening means that you have a lower chance of having a child with a genetic disease, but it does not mean that you have no chance of having a child with a genetic disease.

In addition, you may be a carrier of a genetic disease that was not tested through genetic carrier screening. Regardless of your choice of testing or your test results, genetic counseling is available to you at any time.

If your insurance does not fully cover the testing, you may be responsible for paying the difference between the amount covered by your insurance company and the amount billed by the laboratory. You should check with your insurance carrier to see if the genetic carrier screening will be covered by your plan.

**ACKNOWLEDGEMENT**

I have been fully informed of the purpose of the genetic carrier screening, the reliability of the screening results, the risks and benefits of electing or declining genetic carrier screening and the available alternatives to genetic carrier screening, such as genetic counseling only.

I have been given the opportunity to ask questions and to discuss this testing with my physician. My questions were answered to my satisfaction.

Please initial your selection:

\_\_\_\_\_ I would like to undergo genetic carrier screening

\_\_\_\_\_ I decline genetic carrier screening

\_\_\_\_\_ I wish to defer my decision regarding genetic carrier screening and will contact my health care team if and when I desire genetic carrier screening. I am aware some testing is time sensitive

\_\_\_\_\_ I would like to schedule an appointment with a genetic counselor to review my family history and discuss carrier screening options

\_\_\_\_\_  
PATIENT’S SIGNATURE

\_\_\_\_\_  
PATIENT’S PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TIME

\_\_\_\_\_  
PROVIDER’S SIGNATURE

Kikelomo Otuyelu-Garritano  
PROVIDER NAME