

MEDICAL RECORD - CONSENT FORM

Maternal Serum Analyte Screen

For use of this form see MEDCOM Cir 40-16

I understand I am being asked to decide whether or not to have the maternal serum analyte screen. The maternal serum analyte screen tests for substances made by the baby and the placenta. The amount of these substances in the blood is used to determine the risk of certain conditions in the baby. These conditions include open neural tube defects, Down syndrome (Trisomy 21), Edward's syndrome (Trisomy 18), and other related defects.

By signing below, I understand that--

1. This is a screening test only. It DOES NOT provide a diagnosis. It only predicts the chance of a certain condition occurring.
2. The maternal serum analyte screen tests for the risk of certain conditions in the baby. These conditions include open neural tube birth defects, Down syndrome, Edward's syndrome, and other related birth defects.
3. The maternal serum analyte screen is not 100% accurate. Some defects are missed. The results may be abnormal when the baby actually does not have one of these conditions. If there are abnormal results, I will need further testing to know more about my baby's health.
4. An open neural tube defect is an abnormality of the spinal cord or brain. This occurs in 1 or 2 of every 1000 births. If there is an abnormal result on the maternal serum analyte screen, my baby has a 4% to 7% risk of having an open neural tube defect.
5. Babies with Down syndrome have a distinct physical appearance, mental retardation, and an increased risk for other birth defects. About 1 in 800 babies have Down syndrome. The risk increases with maternal age. If there is an abnormal maternal serum analyte screen result, the baby has a 1% to 2% risk of having Down syndrome.
6. Babies with Edward's syndrome have serious mental and physical disabilities. Most affected babies do not live past their first year. Only 1 in 8000 babies are born with Edward's syndrome.
7. I am the one to decide whether or not I am tested.

I have read and understand the information provided to me about the maternal serum analyte screen. My questions have been answered to my satisfaction. Please check one:

- Yes, I want to have the maternal serum analyte screen.
- No, I do not want to have the maternal serum analyte screen.

Patient: _____
(Signature) (Print Name) (Date)

Witness: _____
(Signature) (Print Name) (Date)