PARTNERS IN WOMEN'S HEALTHCARE

Carrier Screening Consent Form

About this test- This test looks at your genes to find out if you are a carrier for certain genetic diseases. A gene is made up of DNA, and genes play an important role in our health. People typically have two working copies of most genes. But some people only have one working copy of a gene. The other copy has a change and does not work. This is called being a carrier of a genetic disease. Carriers are usually healthy, but their children have a higher risk for disease. Being a carrier is common. However, most carriers have not had carrier testing and do not know they are at risk of having a child with a genetic disease. The genetic diseases on this test were chosen because they have harmful health effects. These effects often start at a young age and do not have a cure. The expanded screening tests offered by PIWH are based on ACOG recommendations and include some or all of the tests listed on the back of this form. You have the option to request specific screening tests based on your ethnicity or family history.

What test results mean- Positive (abnormal) results mean that you are a carrier for one (or more) of the genetic diseases tested. Your risk to have a child with these diseases is higher than most other people. Follow-up testing for you or your partner may be recommended. Negative (normal) results mean that you are not a carrier for any of the gene changes tested. Your risk to have a child with these diseases is lower than most other people.

Benefits- Finding out whether you are a carrier for a genetic disease will help you understand your risk to have a child affected with the diseases tested. Negative results are reassuring. Positive results let you and your provider determine the next steps for the identified risk(s)

Limitations- Negative results do not guarantee a healthy pregnancy or baby. This test looks for specific changes to your genes. Genetic changes not targeted by this test will not be detected. False positive, false negative, and failed results are rare, but possible.

Before signing this form, I had the chance to talk about this test with my healthcare provider or someone he/she has chosen, and genetic counseling has been offered before and after testing. My questions have been answered and I have been provided all of the information that I need to decide. I understand that this test is voluntary. I have decided that:

- ☐ Yes – I would like to receive the test
- ☐ No – I decline the test

Date	Time	Signature of Patient
Date	Time	Signature of Witness