



Hospital & Regional Medical Center

Molecular Genetics Laboratory A-6901
4800 Sand Point Way NE, Seattle, WA 98105

Consent for Prenatal Testing by DNA Analysis

The purpose of this testing is to determine if my unborn child could be affected with

This testing should be done in conjunction with genetic counseling. We must receive documentation of parental carrier status or we will require testing to confirm carrier status in the parent(s).

This testing is specific for the condition listed above, and does not rule out other conditions. Normal results do not guarantee my child's general health.

I understand that no attempt will be made to determine the carrier status of the fetus.

The nature and accuracy of DNA testing has been explained to me. The significance of a positive or negative result within the context of my family history has been explained to me.

I understand that this testing may not provide a 100% definitive diagnosis with regard to disease status. With any laboratory testing, there is a small possibility that the test will not work properly, cells will not grow or an error will occur. An error in the diagnosis may occur if the true biological relationships of the family members involved in this study are not as I have stated. For example, false-paternity means that the father of an individual is not the person stated to be the father. The cells or DNA sent to this lab are presumed to have come from the fetus. There are rare occasions, however, when the mother's cells or DNA may also be present in the sample sent to us. This is called *maternal cell contamination*. If this occurs, the test may yield a false result and a new prenatal sample will be required. Therefore, we require a blood sample from the mother so we can see if there are maternal cells in the test sample.

The laboratory will make every effort to report results within the estimated turn around time, but cannot accept responsibility for delays.

Due to the complexity of DNA-based testing and the important implications of the test results, results will be reported only through the physician or genetic counselor designated below.

I have carefully read and understand the above, have had my questions answered, and hereby consent to provide cultured amniotic fluid or chorionic villi cells, as appropriate, and a maternal blood sample for testing.

Name of patient (please print)

Signature of patient

Date

Signature of physician / genetic counselor

Date