



## CONSENT FORM

### Early Screen: First and Second Trimester Screening

I have read the Early Screen patient information brochure and understand that:

1. The results of Early Screen<sup>®</sup> are **NOT DIAGNOSTIC**. If my results show an increased risk, additional tests will be offered to me.
2. If my risk is not increased, it does not guarantee a healthy baby.
3. Early Screen<sup>®</sup> is more accurate than an additional chromosomal screening test done in the second trimester.
4. This test is voluntary. I may decline testing at any point.
5. My healthcare provider may release my ultrasound, amniocentesis, and pregnancy outcome information to Genecare.

#### I REQUEST:

- Early screen<sup>®</sup> **AND** second trimester open spine screening **without** an additional second trimester chromosomal screen.
- \*\*\*OR\*\*\*
- Early Screen<sup>®</sup> **and** open spine screening **with** an additional second trimester chromosome screening test.
- I DECLINE** Early Screen<sup>®</sup>.

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**Patient**

**Date**

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**Witness**

**Date**