First Trimester Testing Consent

Several options exist for testing for chromosomal problems in pregnancy. We wish to inform you of the options, and allow you to choose the best option for you.

In rare cases, fetuses can be affected with chromosomal disorders which may not be detected until later in pregnancy or even after birth. These include Down’s syndrome (trisomy 21) and other chromosomal disorders including trisomy 13 and 18. In trisomy conditions the fetus has an extra chromosome, which has serious effects. Trisomy 21 or Down’s syndrome is often compatible with life but other trisomies are universally incompatible with life. While the risk of these problems increases with maternal age and certain family histories, they can occur in any patient. At age 35 the risk of a chromosomal problem is about 1/200 and at age 40 the risk is about 1/50.

We offer 3 options, and request that you select your preferred option prior to 12 weeks of gestation so that we do not miss the opportunity for testing.

Non-Invasive Prenatal Screen (NIPT)

- NIPT is a blood test done at 10+ weeks which analyzes fetal DNA in maternal blood and provides a risk assessment for Trisomy 13, 18 and 21. Gender analysis can also be added and is optional. This test is 99% accurate in assessing the chromosomes listed above (including the Y chromosome if the baby is a boy). If the NIPT is abnormal, an amniocentesis or chorionic villus sampling will be discussed and offered to you. If you opt for NIPT we also recommend having an ultrasound of the nuchal fold at 12-13 weeks (a fold on the back of the baby’s neck that can be enlarged in the case of certain fetal abnormalities), as this can detect problems which are not assessed with the NIPT (such as certain heart defects). There are several brand names of NIPT and the one we use is called “Panorama”, which is offered by a lab called Natera based in Austin through Arbor.

- If you have any billing questions, please contact Arbor directly prior to having the test drawn. You may reach Arbor at 469-886-4720.
PLEASE CHECK ONLY ONE BOX BELOW:

1. I choose the NIPT and Nuchal Fold **WITH** Gender: □

2. I choose the NIPT and Nuchal Fold **WITHOUT** Gender: □

3. **NO TESTING**
   The third option is to not test at all, since the risk of these problems is low and we cannot change them if they are diagnosed.

   **I Decline Testing:** □

Please acknowledge your understanding of the information above and sign below:

Name ____________________________________________ (Printed)

Signature _______________________________________ Date ______________________