



MAA
Women's Health

GENETIC TESTING

I acknowledge that it is important that I understand the information regarding my options for prenatal testing outside of the required routine testing. If I have any questions about the tests described below, I will ask my physician for clarification prior to signing this form.

I have read and understand the information on this form and have been informed of my noninvasive screening options. I understand that a positive result means that there is a high probability that the condition is present, however these tests are not diagnostic which means they are not absolutely certain. I understand that under Georgia law termination of pregnancy is not permitted after there is a detectable human heartbeat approximately 6 weeks gestation except where the pregnancy is medically futile and there is a medical emergency requiring termination to protect the life or health of the mother. A pregnancy is medically futile if the fetus has a condition that is incompatible with sustaining life after birth. I understand that some of the conditions detected by genetic testing may not meet the definition of medical futility and that I may not be allowed to terminate the pregnancy in Georgia. Termination of pregnancy may be available in other states. I also understand that my physician recommends genetic screening to ensure that all information is available to make informed decisions about my care and care of the fetus/newborn.

Tests performed each pregnancy

Name of Test	Abnormality Detected	Timing	Sample	Detection	CPT	Diag.code	Yes/No
Cell Free DNA	Trisomy 13/18/21	9 wks onwards	blood	99%	81420	Z36.3	
Quad Screen	Trisomy 13/18/21	15-21.9 wks	blood	81%	81511	Z36.3/z13.79	
AFP	Neural tube defect	15-23 wks	blood	%	82105	Z36.1	

If tests are positive, ultrasound will confirm if there are any abnormalities. An anomaly screen US is performed at approximately 20 weeks.

Testing for carrier state of certain genetic disorders. These are performed even if you are **not pregnant** and need to be performed only **once in a lifetime**. If you are positive, we can discuss testing your partner and possible referral to a genetic counsellor to estimate risk of baby being a carrier of the specific condition.

☐ **Cystic fibrosis carrier screening** CPT: 81220 Diagnosis: Z13.228

1. CF affects lungs and digestive system
2. Affects 1 in 2500 caucasians (less in other races)
3. Both parents should be carriers for baby to possibly have disease

☐ **Inheritest Beacon Carrier Screening, 14 genes**

Cystic fibrosis, spinal muscular atrophy, fragile x, Tay Sachs, alpha and beta thalassemia, bloom syndrome, Canavan disease, familial dysautonomia, Fanconi anemia, Gauchers disease, mucopolipidosis, Niemann Pick disease

☐ I request the genetic screens marked above

☐ I decline **ALL** genetic screening tests at this time

Patient signature: _____ Date: _____

Witness signature: _____ Date: _____

Interpreter: _____