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ACOG recommends all pregnant women be offered screening tests for fetal chromosomal abnormalities regardless of the woman's age. Blood tests are started in the first trimester (10 weeks or later) of pregnancy. Instructions will be given to you for each test you desire. Some of the tests are offered to women who are of advanced maternal age, have a family history of chromosomal abnormalities, have ultrasound abnormalities or positive serum screening results.

• NIPT MateniT21 (after 10 weeks):
This DNA test detects common chromosomal 21, 18, 13 trisomy by drawing your blood. This test is offered to all pregnant women especially those who are of advanced maternal age, have a personal family history of chromosomal abnormalities, have fetal ultrasound abnormality suggestive of aneuploidy, or have a positive serum screening test. If the result reveals your baby is at increased risk, genetic counseling and/or further evaluation with diagnostic test, such as ultrasound, amniocentesis, or chorionic villus sampling would be recommended. Yes _____ No: _____ Date: _____

• Alpha Fetal Protein (15 weeks):
This testing involves blood work to see if your baby is at increased risk for Spinal Bifida and open neural tube defects. If your results reveal your baby is high risk, genetic counseling, and further evaluation with diagnostic testing such as ultrasound, amniocentesis, or chorionic villus sampling would be recommended.
Yes _____ No: _____ Date: _____

• Quad, AFP Tetra Screen (15 weeks):
This test detects increased risk for Downs Syndrome Trisomy 21, Trisomy 18 and/or Spina Bifida. This testing involves blood work to see if your baby is at increased risk for Down's Syndrome, Trisomy 18, and/or Spinal Bifida, and open neural tube defects. If your results reveal your baby is high risk, genetic counseling, and further evaluation with diagnostic testing such as ultrasound, amniocentesis, or chorionic villus sampling would be recommended. Yes: _____No: _____Date: _____

• Cystic Fibrosis:
This test detects any genetic mutation that could be passed to your baby. If you carry the gene mutation for CF, the father of the baby would then be tested. If both parents carry the mutation, then genetic counseling and/or further evaluation with amniocentesis would be recommended. Yes: _____No: _____ Date: _____
Previous test result: _____

• Spinal Muscular Atrophy (SMA):
This test detects the gene mutation for spinal muscular atrophy. If you have the gene mutation for SMA, the father of the baby would be tested. If both parents carry the mutation, then genetic counseling and/or further evaluation would be recommended.
Yes: _____No: _____ Date: _____
Previous test result: _____

___
I understand the above testing may not be covered by my insurance carrier.

_____ _____
Patient Name (Printed) DOB

_____ _____
Patient Signature Date