Informed Consent/Declination for Carrier Screening

You should be certain that you understand the following points:

1. The purpose of carrier screening is to determine if I am a carrier of a genetic condition. The decision to have genetic carrier screening is completely my own.
2. Carrier screening, although highly accurate, cannot detect all carriers. If I am a carrier, testing my partner will help me learn more about the chance that our baby could have a genetic condition.
3. If one parent is a carrier and the other is not, it is still possible that the baby will have the genetic condition, but the chance is very small.
4. If both parents are carriers, prenatal testing can be done to find out whether or not the baby has inherited the genetic condition.
5. The laboratory needs information about my family history and ethnic background for the most accurate interpretation of the test results.
6. No other clinical test will be performed and reported on my sample unless authorized by my doctor.
7. The laboratory will disclose the test results only to my health care provider or to their agent unless otherwise authorized by me or required by law.

I have read or had read to me the information on NxGen MDx's screening, and I understand it. Before signing this form, I have had the opportunity to discuss carrier screening further with my health care provider, someone they have designated, or with a genetics professional. I have all the information I want, and all my questions have been answered. I have decided that:

☐ I want carrier screening ☐ I do not want carrier screening

Patient Signature: _____

Parental Signature (if patient is under 18 years old): _____

Partner Signature: _____

Date: _____

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