

## Informed Consent/Declination for NIPS

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**You should be certain that you understand the following points:**

1. The purpose of Non-Invasive Prenatal Screening (NIPS) is to determine the risk of chromosomal aneuploidies in a fetus.
2. The decision to have NIPS is completely my own.
3. NIPS, although highly accurate, cannot detect all aneuploidies.
4. If my NIPS result comes back "Negative", it is still possible that the baby will have a chromosomal aneuploidy, but the chance is very small.
5. The laboratory needs information about my family history 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 NIPS 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 the Non-Invasive Prenatal Screening (NIPS)

I do not want Non-Invasive Prenatal Screening (NIPS)

Patient Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_