

Doran Clinic For Women
1015 Duff Avenue
Ames, Iowa 50010
(515) 239-6970
Fax: (515) 239-6950

INFORMED CONSENT FOR FIRST TRIMESTER SCREENING

The purpose of first trimester screening is to identify pregnancies that may be at increased risk for Down syndrome or trisomy 18.

- The screening test that I am having is First Screen. It detects 83% of Down syndrome and 80% of trisomy 18 pregnancies. Not all abnormal fetuses will be detected. Some will be missed by any screening test that is available.
- Some women with normal fetuses will have abnormal screening. Abnormal screening results may indicate the need for further testing such as ultrasound and/or amniocentesis.
- In the case of twins or multiple gestation, the test may not be able to be done.
- The decision to consent or refuse this test is entirely mine.
- No test will be performed or reported on my sample other than those authorized by my doctor.
- The doctor may release my pregnancy outcome results to Genzyme Genetics to be used for statistical analysis in the laboratory's performance.
- My signature below indicates that I have read or had read to me the above information and understand it. I have had the opportunity to discuss it with my doctor or someone my doctor has designated.

_____ Yes, I request first trimester genetic screening test be performed.

_____ No, I decline to have first trimester genetic screening test performed.

Signed: _____ Date: _____