

### **Prenatal Genetic Testing Options**

Tepeyac OB/GYN offers optional prenatal genetic screening tests that provide information about possible genetic conditions in pregnancy. These tests may be performed through outside laboratories including Natera and Unity. Genetic screening is voluntary and you may choose to accept or decline any test.

The following tests are screening tests, not diagnostic tests. A positive result does not confirm that the baby has a genetic condition, and a negative result does not eliminate all possible genetic conditions. Additional diagnostic testing (such as chorionic villus sampling or amniocentesis) may be recommended if results indicate increased risk. Insurance coverage varies and patients may have out-of-pocket costs.

### **Screening for Parental Carrier Status**

Carrier screening in pregnancy determines if a mother carries genes for certain inherited genetic conditions that could be passed to the baby. These conditions include Cystic Fibrosis, Spinal Muscular Atrophy (SMA), Fragile X Syndrome, Duchenne Muscular Dystrophy, Tay-Sachs Disease, and additional genetic disorders depending on the panel selected.

### **Non-Invasive Prenatal Testing/Screening (NIPT/NIPS)**

This blood test analyzes small fragments of fetal DNA circulating in the mother's blood to estimate the risk for certain chromosome conditions. These include Trisomy 21 (Down syndrome), Trisomy 18, Trisomy 13, sex chromosome abnormalities, Triploidy, and 22q11.2 Deletion Syndrome. Optional add-ons for the NIPT include fetal sex, fetal Rh status (for Rh negative mothers), and additional microdeletion screening.

**I have reviewed the information regarding prenatal genetic testing options and have had the opportunity to have my questions answered and my concerns addressed.**

I am \_\_\_\_\_ weeks pregnant and would like the following **screening** tests:

- No prenatal screening during this pregnancy. If I have further questions or concerns, I will speak with my provider.
- Non-invasive Prenatal Testing ONLY
- Carrier Screening ONLY
- Non-invasive Prenatal Testing AND Carrier Screening

Patient Name: \_\_\_\_\_

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

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

Provider Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

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