Account #	
-----------	--



FETAL GENETICS AUTHORIZATION

You MUST contact your insurance carrier to find out your coverage and financial responsibility BEFORE testing is performed.

The tests below are optional during your pregnancy. If you have any questions, please ask your health provider. If you choose to have any genetic testing performed and the results are abnormal, you will be offered genetic counseling and/or further testing.

testing.		, ,	S	G		
Carrier scre Fibrosis an	SCREENING eening tests involve testing for abnormal ge nd Thalassemia. Most often, babies are not esting of your partner is recommended.					
	YES, I want carrier testing	☐ NO, I declin	e carrier testing			
FETAL GE	NETIC SCREENING: Please choose ONE					
	No Testing Testing is not required. Some families choos	se NOT to do genetic scre	ening tests.			
_ 0	 Sequential Serum Screening This test involves an ultrasound and two blood draws. Results are given after the second blood draw at 16-18 weeks. It screens for risk factors associated with Down Syndrome, Trisomy 18, Trisomy 13, and open neural tube defects such as Spina Bifida. After the second blood draw, it is about 96% accurate in predicting Down Syndrome. It does not give any gender information. The test results are reported as a risk ratio, like 1 in 100 or 1 in 1000. It is not a diagnostic or 'yes' or 'no' test. 					
_ 0	Cell Free DNA Testing (i.e. MaterniT 21 Plus o This test analyzes genetic information that chromosomal abnormalities such as Dowr chromosomes (sex chromosomes). It can o It is 99% accurate in patients who are hig	enters your bloodstream Syndrome and other ab also detect if you are hav	normalities associa ving a boy or girl.	ated with the X and Y		
THIS SECTION ONLY FOR PATIENTS WHO DO NOT HAVE SEQUENTIAL SERUM SCREENING						
measured and unusu	AL SERUM ALPHA-FETOPROTEIN (MSAFF in the mother's blood. Unusually high levels ally low levels are associated with an increa- test is part of the Sequential Serum Screer	s of MSAFP are associate ased risk of Down Syndro	ed with an increase me. Test results are	d risk of spinal cord defects e usually reported in 1-2		
	☐ YES, I want to have the MSA☐ NO, I do not want the MSAF		nd 18 weeks			
	e of the limitations of this testing. I understa	and that it is my responsi	bility to check my i	nsurance coverage and that		
Patient Na	me	Patient S	ignature			

Providing Excellence In Women's Healthcare

35046 Woodward Ave • Ste 100 • Birmingham MI 48009-0932 • Ph: (248) 647-9860 • Fax: (248) 647-9864 • www.myobgyn.biz

Date _____

Rev 1/20

John R. Sanborn, MD Jacalyn A. McCloskey, MD Mark D. Dykowski, MD Kathleen D. Huston, MD Jamie H. Loehrke, MD

Witness

Ida A. Lippincott, MD Paul S. Sobolewski, MD Lauren E. Perlin, MD Cheryl L. Thomson, PA-C Jennifer M. Annetta, WHNP-C Katherine L. McDonald, PA-C Nikki S. Vinckier, PA-C Erin M. Good, NP-C Jeanna M. Mastracci, WHNP-C