



## REFUSAL FOR GENETIC SCREENING

I, \_\_\_\_\_, have been advised by my provider, \_\_\_\_\_ that serologic (blood test) genetic screening is recommended during my pregnancy. My provider has fully explained to me that genetic screening is to evaluate my fetus for possible genetic conditions related to chromosomal abnormalities. This screening is **not** 100% accurate and will not diagnose all genetically abnormal fetuses prior to birth. Nonetheless, the screening will detect 80-99% of chromosomally abnormal fetuses, based on the type of testing being performed. Although I may have an ultrasound during my pregnancy to evaluate for anatomic and genetic abnormalities of my baby, this exam can be even less accurate.

Nonetheless, I refuse to consent to the proposed genetic screening. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction. I hereby release the above-named provider, Women's Health Associates of Southern Nevada, and its employees and medical staff from any and all liability if my baby is born with an undiagnosed genetic abnormality. I also certify that I have read and understand the above and that all blanks were filled in prior to my signature.

\_\_\_\_\_  
Patient/Legal Guardian Name                      Patient/Legal Guardian Signature                      Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I certify that I have explained the nature, purpose and benefits of serologic antenatal genetic screening. I have offered to answer any questions and have answered all such questions. I believe the patient/legal representative fully understands what I have explained.

\_\_\_\_\_  
Provider Name                      Provider Signature                      Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Copy given to patient                      \_\_\_\_\_ Original scanned into patient's chart