

MATERNAL-FETAL MEDICINE
Community Health Network

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Amniocentesis for Chromosome and Paternity Testing Consent

I understand that my physician has determined that my current pregnancy may be susceptible to a chromosomal abnormality. Additionally, I understand that I am electing to undergoing amniocentesis for prenatal paternity testing.

I, _____ am requesting that

_____ M.D. make an attempt to perform genetic amniocentesis for analysis of fetal cells are obtained from the amniotic fluid surrounding the unborn baby by a procedure called transabdominal genetic amniocentesis. This procedure involves the penetration of my abdominal wall and the wall of my womb (uterus) by a needle. A syringe is then used to aspirate approximately one ounce (30 ml) of amniotic fluid.

Advantages:

1. Transabdominal genetic amniocentesis is a proven technique which is widely used.
2. Ultrasound guidance will be used to decrease the probability of damage to my unborn baby, the placenta (afterbirth), or the uterus.
3. In most cases, the diagnosis of a chromosomal abnormality can be accurately determined or excluded and I will receive appropriate counseling based on the results, regarding the continuation of my pregnancy or other alternatives.
4. In most cases paternity may be accurately determined or excluded. I will receive the results of the paternity testing directly from the laboratory chosen to perform the testing.

Risks:

1. There is a possibility (usually reported at 1 in 200 attempts) that the procedure may cause damage to myself or my unborn baby. This can include bleeding, infections, premature labor, leaking of amniotic fluid, miscarriage or amniotic embolism.
2. Any attempt to obtain amniotic fluid by genetic amniocentesis may be unsuccessful.
3. Any attempt to obtain a viable tissue culture from the cells of any sample of amniotic fluid may be unsuccessful. Tissue culture may fail for many technical reasons unrelated to the amniocentesis or the quality of the amniotic fluid obtained.
4. Chromosome preparations may be of poor quality and unsuitable for accurate diagnosis.
5. The likelihood of misinterpretation of chromosomal analysis of the condition of my unborn baby is less than 1%.
6. Congenital abnormalities of a physical nature (cleft palate, heart defect, and many others) that are not chromosomal in nature are not detected by genetic or tissue culture.
7. The likelihood of misinterpretation of paternity is less than 1%.

I therefore permit the doctor and such other persons as are needed to assist him/her to perform this procedure.

Patient's Signature

Date

Time

am/pm

Witness

Date

Time

am/pm

The patient is unable to consent because: _____

I therefore consent for the patient: _____

Signature

Relationship to Patient