I, _____________________________________, hereby agree to have prenatal diagnostic testing for aneuploidy associated with chromosomes 13, 21, 18, X and Y by fluorescence in situ hybridization (FISH) performed on my fetal sample in addition to routine chromosome studies.

I understand that:

1. This is a preliminary analysis performed on interphase nuclei and not dividing cells.

2. This testing is performed in conjunction with routine chromosome analysis to detect chromosome abnormalities. The procedure used to obtain fetal cells by chorionic villus sampling or amniocentesis has been explained to me by my genetic counselor/physician _______________________, and I understand the risks and benefits of these procedures.

3. Inconclusive results may result if there is not a complete reaction (hybridization) of the specialized probes that are used for this analysis.

4. This analysis only provides information regarding the number of chromosomes 13, 18, 21, X and Y that are present and that other chromosome abnormalities are not detected by this analysis.

5. Decisions regarding the continuation of the pregnancy should not be made until the complete chromosome analysis is performed.

6. By signing this form, I confirm that my genetic counselor/physician has discussed the nature of this testing with me as well as the accuracy of the FISH testing and its limitations. I understand that while results obtained from FISH testing are usually highly accurate, infrequent errors may occur.

7. Even if the results of this testing are normal, my baby(s) could still have an abnormal chromosome result due to the presence of chromosome abnormalities other that 13, 18, 21, X and Y or structural chromosome defects that cannot be detected by this analysis.

8. If the results are unclear, further testing of parents may be required for clarification.

9. The results of my test will be explained to me by a genetic counselor or by my physician who will have the opportunity to discuss my results with a clinical geneticist.
10. The cytogenetic laboratory may refuse to process a prenatal specimen if there is evidence of maternal cell contamination (the presence of maternal cells in the CVS or blood in the amniotic fluid samples).

11. Participation in this testing is completely voluntary. If requested, I will receive a copy of this consent form for future reference. If I change my mind and no longer wish to have my fetal sample tested, I can contact my genetic counselor/physician to withdraw consent. I will be responsible for charges incurred by the laboratory for the processing of my specimen.

12. The cytogenetics laboratory is obligated under the Public Health law to retain slides used for cytogenetic diagnosis for 7 years.

13. The results of these studies will be reported directly to my obstetrician within two working days.

I have had the opportunity to have all of my questions answered. If I am signing this form on behalf of a minor for whom I am the legal guardian, I am satisfied that I have received enough information to sign on her behalf. I understand that this consent is being obtained in order to protect my right to have all of my questions answered before testing. I also understand that the results of this testing will become part of my medical record and may only be disclosed to individuals who have legal access to this record or to individuals who I designate to receive this information.

____________________________________  __________________
Signature of Person Being Tested (or guardian)  Date

____________________________________  __________________
Witness  Date

(rev. 9/7/2011)