

**CLINICIAN COPY  
MUST BE FILED IN PATIENT CHART**

**Consent or Decline  
California Prenatal Screening Program**

1. I have read the information in this booklet (or have had it read to me).
2. I understand that:
  - a. The Prenatal Screening Program offers prenatal tests for the detection of birth defects such as Down syndrome, Trisomy 18, Trisomy 13, Smith-Lemli-Opitz syndrome (SLOS), Neural Tube Defects, and Abdominal Wall Defects. These birth defects cannot be detected 100% of the time.
  - b. There is a Program fee charged to the patient. This fee may be covered by health insurance. I agree to pay any part of this fee not covered by insurance.
  - c. If the blood test result is Screen negative, the Program will not pay for any follow-up testing.
  - d. If the blood test result is Screen Positive, I will need to make a decision regarding follow-up diagnostic testing.
  - e. If the fetus is found to have a birth defect, the decision to continue or terminate the pregnancy is entirely mine.
  - f. There are birth defects that cannot be detected with screening tests.
3. I also understand that:
  - a. Participation in the Prenatal Screening Program is voluntary. I can decline any test at any time.
  - b. Consent to participate in the Program may include Quad, Serum or Full Integrated Screening.

<p style="text-align: center;"><b>YES</b></p> <p style="text-align: center;">I Consent to Screening</p>	<p>I consent to participate in the California Prenatal Screening Program. I request that blood be drawn for Prenatal Screening.</p> <p>I agree that my specimen may be used for research by the Department of Public Health, or Department approved researchers, unless I mark the box below.</p> <p style="text-align: center;"><input type="checkbox"/> I decline the use of my specimen for research</p> <p>The Department will maintain confidentiality according to applicable laws and regulations.</p> <p>Signed _____ Date _____</p>
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<p style="text-align: center;"><b>NO</b></p> <p style="text-align: center;">I Decline Screening</p>	<p>I decline to participate in the California Prenatal Screening Program. I request that blood not be drawn for Prenatal Screening.</p> <p>Signed _____ Date _____</p>
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