McLAREN AMBULATORY CARE CENTER

Maternal Serum AFP Screening Program Consent

The AFP screening test is a blood test which should be made available to any woman who is between 15 and 20 weeks gestation.

I understand that this screening test helps to identify:

- women who may be carrying twins;
- women who may be further along, or not as far along, in their pregnancy as was thought;
- women who may be carrying a fetus with certain types of birth defects, such as, open neural tube defects, ventral wall defects, or Down's syndrome; and
- women who may be at greater risk of having a premature delivery or low birth weight baby.

I further understand that because this is a screening test, a high or low result does not necessarily mean that the fetus has a problem such as the ones previously mentioned. It, merely, indicates the need to look at the pregnancy more closely. In fact, fewer than five percent of women with a high or low AFP level will be carrying a fetus with the types of defects described above. To confirm or rule out the above conditions, other types of testing, such as, ultrasound and/or genetic counseling, may be recommended.

I have been informed that AFP screening cannot guarantee a normal baby. It is a screening test and will detect approximately 85 percent of all open neural tube defects, about 75 percent of ventral wall defects, and about 40 percent of babies affected with Down's syndrome. There are other kinds of problems that the AFP test cannot detect.

I allow my doctor to release information about my pregnancy to the lab where the test(s) will be performed; this may include subsequent information relative to my labor/delivery and pregnancy outcome, if indicated.

I realize that I may withdraw from the screening program at any time.

Patient chooses to participate: _____

Patient chooses not to participate: _____

_____ _____

Signature Date Signature of Witness Date

Maternal Serum AFP Screening Program Consent

MM-3433-A Rev. (1/07)

Patient Name:

Date of Birth