

Selection & Signature Page for Consent of Prenatal Laboratory Tests

ROUTINE MATERNAL SCREENING

MATERNAL PRENATAL PANEL w/ URINE CULTURE (CPT 80055, 87086)

(Blood & Rh type, Complete blood count, Rubella antibody screen, Hepatitis B, and/or C, Syphilis)

HIV TESTING (CPT 86703)

URINE TOXICOLOGY (CPT 738526)

CHLAMYDIA / GONORRHEA (CPT 87491, 87591)

Above tests are performed at initial confirmation of pregnancy or at first ACOG /OB visit

GLUCOSE SCREENING TEST (CPT 82950) performed at (24-28 wks. gestation)

GROUP B STREP TEST (CPT 87081, 87150) performed at (35-36 wks. gestation)

OPTIONAL TESTING - Genetic Carrier Screening Tests

CYSTIC FIBROSIS CARRIER TESTING (CPT 81220)

- I request** to have the CF Carrier test
- I decline** to have the CF Carrier test

SPINAL MUSCULAR ATROPHY (SMA) CARRIER TESTING (CPT 81403)

- I request** to have the (SMA) Carrier test.
- I decline** to have the (SMA) Carrier test

FRAGILE X SYNDROME CARRIER SCREENING (CPT 88248)

Note: For Patients with a Family History of Mental Disabilities or Autism Spectrum Disorders

- I request** to have the Fragile X Carrier test.
- I decline** to have the Fragile X Carrier test.

TAY-SACHS CARRIER TESTING (CPT 83080)

Note: For Patients of Ashkenazi Jewish, French Canadian, and Cajun Ethnic Groups

- I request** to have the TAY-SACHS test.
- I decline** to have the TAY-SACHS test.

SICKLE CELL ANEMIA CARRIER TESTING (CPT 85660)

- I request** to have the SCA Carrier test.
- I decline** to have the SCA Carrier test.

OPTIONAL TESTING - For Detection of Fetal Abnormalities

EARLY SCREEN TEST (CPT 84163, 84702, 86336) with Nuchal Translucency Ultrasound Performed at (11-13 weeks gestation)

- I request to have the Early Screen with a second trimester AFP screen or Ultrasound at 20 - 22 weeks
- I decline the Early Screen

OR

QUAD SCREEN TEST (CPT 82105, 82677, 84702, 86336) Performed at (15 – 20 weeks gestation)

- I request to have the Quad Screen performed
- I decline to have the Quad Screen performed

CELL FREE FETAL DNA TESTING also known as Non-Invasive Prenatal Testing (CPT 81420)

Note: Optional for Patients of any Age but Recommended for Patients of 35 Years and Older or with Other Risk Factors; for patients whose BMI is greater than 29 it is recommended to perform the test after 12 weeks gestation. Performed at (10 - 40 weeks gestation)

Testing Types:

MaterniT21 by LabCorp (Test Codes 451937 / 451927 / 451931 / 451934)

Harmony by Ariosa Diagnostics (Test Codes 81599, 81599X1, 81599X2)

Panorama by Natera (Test Codes 2191746)

- I request to have the Cell Free Fetal DNA test.
- I decline to have the Cell Free Fetal DNA test.

Note: Insurance coverage for testing varies based on individual plans, and not all insurance companies cover the testing for all patients. You should check with your insurer if you are interested in having any optional testing.

I have received the documents titled:

Understanding Prenatal Laboratory Testing

Delivering Hospital Pre-Registration Packet

Seven Hills OB Booklet

Patient's Name (print) _____ EHR/GW No. _____

Patient's Signature _____ Date _____

If you have any questions about any of the tests listed please call your provider's office.

Provider/Clinical Staff's Signature executing consent _____ Date _____

Scan this document into EHR and give this original document to the patient.