

## Genetic Screening Interest

### Down's Syndrome/Trisomy Screening

(Does my baby have an extra chromosome- **This doesn't run in families!**)

\_\_\_\_\_ I am interested in:

\_\_\_\_\_ Cell-Free Fetal DNA (Claritest)

\_\_\_\_\_ First Trimester Screen

\_\_\_\_\_ Penta Screen

\_\_\_\_\_ I am not interested in this testing

\_\_\_\_\_ I would like to discuss more with the physician

### Carrier Screening

(Do I carry the gene? – Can I pass along?)

\_\_\_\_\_ I am interested in (may pick one, all or none):

\_\_\_\_\_ Cystic Fibrosis

\_\_\_\_\_ Spinal Muscular Atrophy

\_\_\_\_\_ Fragile X

\_\_\_\_\_ I am not interested in this testing

\_\_\_\_\_ I had this done in a prior pregnancy

\_\_\_\_\_ I would like to discuss more with the physician

### Myself or my partner is Jewish or has a parent or grandparent who is Jewish:

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ **I would prefer to discuss diagnostic testing (Amniocentesis) for the most definitive information.** This is invasive testing and does pose a small risk of miscarriage.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date