

Prenatal Genetic Testing Consent Form Sample

A **prenatal genetic testing consent form sample** is a document designed to inform expectant parents about the benefits, risks, and limitations of genetic testing during pregnancy. It ensures that patients provide informed consent before undergoing any genetic screening or diagnostic procedures. This form helps facilitate clear communication between healthcare providers and patients.

Prenatal Genetic Testing Consent Form

Patient Information

Name:

Date of Birth:

Physician/Provider:

Information About Genetic Testing

- Genetic testing may identify risk for certain genetic or chromosomal conditions in your baby.
- Testing procedures include screening and/or diagnostic tests.
- Results may impact medical management, personal decisions, or have implications for family members.
- No test is 100% accurate. There are possible false positives/negatives, limitations, and uncertainties with results.

Potential Risks and Benefits

- Benefits:** Early detection of potential genetic conditions; informed decision-making.
- Risks:** Emotional distress, potential for invasive procedures, uncertainty or inconclusive results.
- Confidentiality:** Results are confidential and will only be shared with your consent except where required by law.

Consent

I have received information and have had the opportunity to ask questions about prenatal genetic testing. I understand the benefits, risks, and limitations. I voluntarily consent to undergo the following genetic testing.

Genetic Screening Tests

Genetic Diagnostic Tests (e.g., CVS, Amniocentesis)

Patient Signatures

Patient Signature:

Date:

Provider Signature:

Date:

Submit