



## Informed Consent Form for Samples Referred for Non-Invasive Prenatal Testing

You have requested the Gene Check forward your blood sample for non-invasive prenatal testing.

Please read the following and sign below:

- I have discussed the test with my doctor and am satisfied that I understand the implications of this specialised genetic test. Any questions I have regarding this test have been answered to my satisfaction by my doctor who has discussed this test with me.
- I understand that a low risk result does not guarantee a healthy child.
- I understand that a high-risk result may require further confirmation with amniocentesis.
- I understand that there is a small chance a result may not be obtainable.
- If required, I understand I can arrange to have genetic counselling with my doctors' assistance.
- I understand that my blood sample will be sent to an international clinical laboratory for testing – NIFTY and Beijing Genomic Institute (BGI) and that this laboratory is not governed by Australian standard or legislation.
- I understand that Gene Check will not be responsible for the accuracy of the test and will be provisioning any interpretation of the results.
- I understand the Gene Check is acting as a facilitator in that it is arranging transport and referral of my sample, I understand that the integrity and tracking of my sample is the responsibility of the contracted courier transport company.

Patients Name: (Printed) \_\_\_\_\_

Patients Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Consulting Doctors Name: \_\_\_\_\_

Consulting Doctors Phone Number: \_\_\_\_\_

