

**North Texas Perinatal Associates**  
Genetics and Prenatal Diagnosis

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**AMNIOCENTESIS CONSENT**

I, the undersigned, request that an attempt be made to perform prenatal diagnosis of certain detectable birth defects for which my unborn child is possibly at risk.

I understand that the first step in this procedure is an examination of my abdomen by sonography (ultrasound). This involves the use of high frequency sound waves to locate the fetus and placenta, detect multiple pregnancies, determine the gestational age of the pregnancy, and look for possible structural abnormalities of the fetus.

I understand that following the ultrasound examination any significant findings will be discussed with me and I shall have an opportunity to decide whether to proceed with further studies.

I understand that the fluid required for prenatal diagnosis studies is the amniotic fluid which surrounds the developing fetus inside the uterus, and that this fluid is obtained by a process called amniocentesis, which involves the insertion of a needle through my abdominal wall and into my uterus. Cells obtained from this fluid will be grown in tissue culture and a study of their chromosomes (the structures that carry the genetic material and determine the sex of the fetus) will be performed. A sample of the fluid will also be tested to determine the concentration of alpha-fetoprotein, a chemical that may be present in elevated amounts in the setting of abnormalities of the spine, kidneys, gastrointestinal system or abdominal wall. I understand that alpha-fetoprotein screening is not specific to any particular birth defects.

I understand that these are the only prenatal studies that will be performed and that no other studies will be done unless specifically indicated.

I understand the following important points regarding the procedure:

- a. Although trans abdominal amniocentesis is an established technique that has been used extensively and the risk to me or the fetus is considered to be small (approximately .5%), there is no positive assurance that the procedure will not cause damage to me or my fetus, initiate premature labor, or result in a miscarriage.
- b. Any particular attempt to obtain amniotic fluid by amniocentesis may be unsuccessful, the fetal cells may not grow, and more than one amniocentesis may be required to obtain the necessary specimens.
- c. The chromosomes and/or biochemical analysis may not be successful due to potential laboratory complications.
- d. Although the likelihood of a misinterpretation of the chromosomal and/or biochemical analysis is considered to be small, a complete and accurate diagnosis of the condition of the fetus based on the tests cannot be assured or guaranteed.
- e. Although the test of elevated alpha-fetoprotein can detect greater than 90% of open defects in the neural tube, the structure that ultimately develops into brain and spinal cord, not all abnormalities can be identified by this test.
- f. The finding of a normal chromosomal constitution and/or biochemical status does not eliminate the possibility that the fetus may have birth defects, abnormalities and/or mental retardation that are not detectable by these methods of prenatal diagnosis. Thus, the tests provide no guarantee of a normal baby.

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This amniocentesis is being performed on me for the following reasons:

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I full recognition of the possible medical risks and with full understanding of the techniques and interpretations involved in the prenatal diagnosis of my unborn child, I agree and consent to have the analysis attempted.

I have had the opportunity to ask questions regarding amniocentesis, and all of my questions have been answered fully.

I have read and fully understand the foregoing information and consent.

Signed \_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Spouse or Responsible Party

Date \_\_\_\_\_

Witness \_\_\_\_\_