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GENETIC TESTING CONSENT FORM

I have read the information on the sheet entitled Prenatal Screening *and Diagnostic* Tests for Birth Defects.

I understand that all women have a chance of having a baby with a chromosome disorder, other birth defects, and inherited diseases or disorders and that testing is available for all pregnant women.

I understand the information, and all my questions have been answered.

Cystic Fibrosis Carrier Testing: I do want the testing I do not want the testing

First Trimester Screening: I do want the testing I do not want the testing

Quadruple Testing or AFP: I do want the testing I do not want the testing

Amniocentesis or CVS: I do want the testing I do not want the testing

Carrier Screening: I do want the testing I do not want the testing

Non Invasive prenatal testing: I do want the testing I do not want the testing

Signature

Date

Please mark your choices, then sign and date.