

**INFORMAL CONSENT FOR BIOCHEMICAL ANALYSIS OF A PRENATAL SAMPLE**

Family Name: \_\_\_\_\_

Date (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_, give my consent to Arthur L. Beaudet, M.D. and his associates to perform testing on my pregnancy for the study of: \_\_\_\_\_.

This testing will involve analysis of a chorionic villus sample or the cells or fluid from an amniocentesis. It may also involve DNA analysis on the above mentioned samples and blood sample from me to rule out maternal cell contamination. Prenatal diagnosis will be performed on fetal cells obtained by chorionic villus sampling or amniocentesis and should be performed by an obstetrician familiar with these procedures. The risks and limitations of these procedures have been explained to my satisfaction.

I understand that by using the techniques of biochemical analysis it may be possible to perform prenatal diagnosis or confirmatory diagnosis of fetuses at risk. The nature and accuracy of biochemical analysis has been explained to me. I understand that this testing may not prove a 100% definitive diagnosis with regard to the disease status but will vary with the type of testing being performed.

I consent to collection of a blood sample for DNA analysis on myself. I understand that the blood sample is limited to less than 20 cc (3-4 tablespoons) for adults. The procedure for obtaining this sample has been explained to me and I understand that mild risks and discomforts such as bruising, local pain, and/or inflammation can occur but are unlikely.

I understand that I will be expected to participate in follow-up studies which may include a physical examination of the newborn or a blood sample.

I understand that test results will be treated in a standard manner regarding confidentiality and my records will not be released to anyone without my written permission. No individuals will be identified in any publications.

I understand that I will be responsible for costs incurred as a result of chorionic villus sampling, amniocentesis, or counseling performed at my request outside of Baylor College of Medicine. The costs of biochemical analysis at Baylor College of Medicine have been reviewed with me and/or members of my family and I/we agree that I/we are responsible for the fees.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Witness