OBSTETRICS COUNSELING FORM

PLEASE PRINT, SIGN, AND BRING THIS PAGE TO YOUR PRENATAL VISIT.

I have read and understand the information regarding the following testing:

1. I agree to prenatal lab work which includes HIV testing. Other tests may be indicated depending on your particular case.

Signature: _____ Date: _____

2. Cystic Fibrosis screening

Yes, I desire testing. Signature: _____ Date: _____

No, I decline testing. Signature: _____ Date: _____

3. Nuchal translucency/PAPP-A testing

Yes, I desire testing. Signature: _____ Date: _____

No, I decline testing. Signature: _____ Date: _____

4. Quad Screen

Yes, I desire testing. Signature: _____ Date: _____

No, I decline testing. Signature: _____ Date: _____

5. Third trimester HIV testing

Yes, I desire testing. Signature: _____ Date: _____

No, I decline testing. Signature: _____ Date: _____