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Consent for Maternal Serum Screening for Birth Defects

I have been given the opportunity to have the following test and/or procedure:

Maternal Serum Screening for Birth Defects

I understand this test is usually offered for the following reason: pregnant women at low risk for these defects see if they are actually at a higher risk than expected for these defects.

I (my infant) may be at risk for Down's Syndrome and open fetal defects.

I have received the following printed information on this test entitled " Screening for Birth Defects" published by the American College of Obstetrics and Gynecologists. I have read the information provided me and have had all my questions answered to my satisfaction.

Benefits and Risks:

- Benefits: may find out before baby is born if it has birth defects.
- Risks: only that of drawing a tube of blood from your arm, slight risk of bruising, infection, injury to internal structures of the arm.
- Risks if not performed: may miss the opportunity to find out before the baby is born if my child has the defects.

The risk and benefits of the above procedure(s) have been explained to me as well as the risks of NOT having the procedure(s) performed. I understand the risks to me and my unborn child as a result of declining the procedure(s).

I am not currently ill, under any medication, or have any impairment which might affect my ability to comprehend or understand the above stated consent.

I have read and understand this information and:

I do not want Maternal Serum Screening for Birth Defects

I want Maternal Serum Screening for Birth Defects

Signature of Patient

Date

Witness Signature

Date