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Consent to Amniocentesis

The Procedure of Amniocentesis has been explained to me by Dr. PJ Geysler.

I understand the following:

- The risk for my baby to have Down Syndrome / Trisomy 18/13 is 1 in _____
- There is a 0.3% risk of miscarriage as a result of the Amniocentesis.
- The result of the Amniocentesis may give abnormalities which are of uncertain significance.
- That Amniocentesis for the exclusion of chromosome abnormalities such as Down Syndrome will not diagnose "single gene" defects or structural anomalies of the fetus.

Please circle the choice that expresses your preference:

- If there is a result with an abnormality of uncertain significance I DO / DO NOT want to know about this result.
- I would like to be informed about the result, regardless of the outcome, AT MY NEXT VISIT TO MY GYNAECOLOGIST OR TELEPHONICALLY

(specify) _____

I am satisfied that I have been provided enough information about the procedure to make an informed choice, and I consent to the performance of a genetic Amniocentesis.

I AM ALLERGIC TO: _____

Name: _____

Signature: _____

Date: _____

Witness: _____