

Coastal Fertility Specialists

Infertility • Reproductive Endocrinology

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GENETIC TESTING

PATIENT: _____

CHART #: _____

We recommend genetic screening based on recommendations from OB/GYN and Genetics Professional Societies. These diseases are recessive, meaning that BOTH parents must carry a change in the same gene to have an increased chance of having a child with a genetic disease.

IMPORTANT INFORMATION TO UNDERSTAND REGARDING GENETIC TESTING INCLUDES:

1. Although Coastal Fertility Specialists' (CFS), physicians recommend genetic screening for all patients, you will make the decision of whether or not to be screened for genetic disease markers.
2. Both biological parents may carry genetic mutations, and, as carriers, be healthy, have no affected relatives, and still have a baby with a genetic disease.
3. If one of you is a carrier for a genetic disease, screening the other intended biological parent will help to determine the chance of having a child affected with a particular disease.
4. If both parents are carriers for the same genetic disease, there is still a chance the baby will not have the disease. Preconceptual or prenatal testing can be done to determine if the baby is affected.
5. Genetic testing **can not** accurately predict the severity of the disease in a child affected.
6. If a baby has an inherited genetic mutation from both parents, medical care can often help with symptoms, but the disease can not be cured.
7. Normal test results do not ensure the birth of a healthy baby. The tests look for a specific disease and do not screen for all possible genetic or other diseases, and rare forms of the disease tested may not be detected by the screening performed. False-negative results can occur, where in one or both of you may be a carrier, but the screening test falsely demonstrates a negative result.
8. The birth of a baby with a genetic disease may be prevented by preimplantation genetic diagnosis (PGD) to test embryos before implantation during in-vitro fertilization (IVF).

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- 9. The decision to proceed with or decline genetic testing will not impact any other aspect of medical care of Coastal Fertility Specialists, **however, treatment cannot proceed until you have made a decision regarding genetic screening, signed the informed consent form, and, if you decide to undergo genetic testing, discuss the test results with your physician.**

1. I WOULD LIKE TO PROCEED WITH GENETIC TESTING AS RECOMMENDED BY MY PHYSICIAN:

I understand that treatment will not begin until testing is completed and results are available.

Patient's signature: _____ Date: _____

CFS Witness: _____ Date: _____

2. I DECLINE GENETIC TESTING:

I decline genetic screening and understand that this is against the medical advice of the Coastal Fertility Specialists Physician's. We agree to hold Southeastern Fertility and its physicians and staff harmless should any consequences occur from the omission of genetic screening.

Patient's signature: _____ Date: _____

CFS Witness: _____ Date: _____

3. WE WOULD LIKE TO MEET WITH A GENETIC COUNSELOR:

I understand that treatment will not begin until the decision to test has been made and results are available or consent to decline testing has been obtained.

Patient's signature: _____ Date: _____

CFS Witness: _____ Date: _____

4. I HAVE PREVIOUSLY COMPLETED TESTING AND WILL PROVIDE CFS WITH A COPY OF THE RESULTS:

I understand that treatment will not begin until test results are available and have been reviewed by my physician.

Patient's signature: _____ Date: _____

CFS Witness: _____ Date: _____