



COASTAL
FERTILITY SPECIALISTS
Because Your Dreams Matter.

Reproductive Endocrinology and Infertility

John A. Schnorr, M.D.
Michael J. Slowey, M.D.

1375 Hospital Drive
Mount Pleasant, SC 29464
Phone: 843-883-5800
Fax: 843-606-3937

www.coastalfertilityspecialists.com

GENETIC SCREENING CONSENT FORM

PATIENT: _____

CHART #: _____

Carrier screening involves a blood test from one or both parents. All testing is optional and you can choose which tests are right for you based on your ethnic background and family history. The American College of Obstetrics and Gynecology (ACOG) and the American College of Medical Genetics (ACMG) make recommendations for testing based on the higher incidence of disease in the general population. Please watch the video produced by Dr. Schnorr reviewing the topic of Preconception Genetic Screening found at www.schnorrmd.com before proceeding on with this document.

IMPORTANT INFORMATION TO UNDERSTAND REGARDING GENETIC TESTING INCLUDES:

1. Although Coastal Fertility Specialists 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 you are both found to be carriers for a specific genetic disease, medical treatments are available to lower the chance of having a child with a genetic disease.
5. 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.

Coastal Fertility Specialists
1375 Hospital Drive, Mount Pleasant, SC 29464
Phone: 843-883-5800 Fax: 843-606-3937 www.coastalfertilityspecialists.com

6. Genetic testing **can not** accurately predict the severity of the disease in a child affected.
7. If a baby has an inherited genetic mutation from both parents, medical care can often help with symptoms, but the disease cannot be cured.
8. 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 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.
9. It is recommended that all couples who would like to proceed into treatment meet with a genetic counselor to better understand your individual genetic risks and at a minimum undergo the genetic screening recommended by ACOG and ACMG based upon your ethnic background. For a list of recommended ethnic based screening tests please see the Coastal Fertility Specialists Genetic Disease Information Sheet, Dr. Schnorr's video at www.schnorrmd.com or call 843-883-5800.
10. The decision to proceed with or decline genetic testing is a personal decision and 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 this informed consent form, and, if you decide to undergo genetic testing, discuss the test results with your physician.**

Coastal Fertility Specialists

Infertility • Reproductive Endocrinology

John A. Schnorr, MD, Michael Slowey, MD, Grant Patton, MD

GENETIC DISEASE TESTING INFORMED CONSENT

PATIENT: _____

CHART #: _____

By signing this consent form I acknowledge that my partner and I have watched the video produced by Dr. Schnorr reviewing the topic of Preconception Genetic Screening found at www.schnorrmd.com and all of our questions have been answered to our satisfaction.

1. 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 Coastal Fertility Specialists and its physicians and staff harmless should any consequences occur from the omission of genetic screening.*

Patient's signature: _____ Date: _____
CFS Witness: _____ Date: _____

2. WE WOULD LIKE TO MEET WITH A GENETIC COUNSELOR (Recommended): *I understand that my physicians recommend meeting with a genetic counselor and that treatment will not begin until the decision to test or not test has been made, results are available or consent to decline testing has been obtained.*

Patient's signature: _____ Date: _____
CFS Witness: _____ Date: _____

3. 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: _____

4. I WOULD LIKE TO PROCEED WITH GENETIC TESTING BASED UPON OUR PERSONAL HISTORY AND ETHNIC BACKGROUNDS: *I understand that treatment will not begin until testing is completed and results are available. The following page has the testing I would like to have performed.*

Patient's signature: _____ Date: _____
CFS Witness: _____ Date: _____

Once signed this consent form can be mailed, hand delivered or faxed to your coordinator. The fax number is 843-284-1027.

Coastal Fertility Specialists
1375 Hospital Drive, Mount Pleasant, SC 29464
Phone: 843-883-5800 Fax: 843-606-3937 www.coastalfertilityspecialists.com

PATIENT: _____

CHART #: _____

ACOG 12 and ACMG* 4 Screening Recommendations with LabCorp Codes

Below is a list of the recommended preconception genetic screening tests based solely upon ethnic background assuming a normal family history. Please note these are estimated prices for the respective tests. You may have a financial benefit based upon your insurance carrier to having your testing done through LabCorp rather than Coastal Fertility Specialists. We are happy to provide a lab order if that is in your best interest. If you have questions please feel free to contact one of our financial coordinators at 843-883-5800.

Please check the box next to the test you would like performed

<u>Recommended Test</u>	<u>Estimated CFS Price</u>	<u>LabCorp Test Code</u>
<u>Caucasian</u>		
<input type="radio"/> Cystic Fibrosis*	\$280	450020
<input type="radio"/> Spinal Muscular Atrophy	\$240	450010
<u>Ashkenazi Jewish</u>		
<input type="radio"/> Cystic Fibrosis*	\$280	450020
<input type="radio"/> Spinal Muscular Atrophy	\$240	450010
<input type="radio"/> Tay-Sachs Disease	\$100	511246
<input type="radio"/> Familia Dysautonomia	\$100	511352
<input type="radio"/> Canavan Disease*	\$130	511147
<input type="radio"/> Gaucher Disease	\$150	511048
<input type="radio"/> Fanconi Anemia Type C	\$100	511212
<input type="radio"/> Mucopolipidosis IV	\$100	511386
<input type="radio"/> Neimann Pick Type A	\$100	511329
<input type="radio"/> Bloom Disease	\$100	512145
<u>Asian</u>		
<input type="radio"/> Cystic Fibrosis*	\$280	450020
<input type="radio"/> Spinal Muscular Atrophy	\$240	450010
<input type="radio"/> Beta Thalassemia	\$17	121679
<u>Hispanic</u>		
<input type="radio"/> Cystic Fibrosis*	\$280	450020
<input type="radio"/> Spinal Muscular Atrophy	\$240	450010
<input type="radio"/> Thalassemia	\$17	121679
<u>Mediterranean</u>		
<input type="radio"/> Cystic Fibrosis*	\$280	450020
<input type="radio"/> Spinal Muscular Atrophy	\$240	450010
<input type="radio"/> Thalassemia	\$17	121679
<u>African American</u>		
<input type="radio"/> Cystic Fibrosis*	\$280	450020
<input type="radio"/> Spinal Muscular Atrophy	\$240	450010
<input type="radio"/> Sickle Cell	\$17	121679

Patient's signature: _____

Date: _____