

Consent for Prenatal Diagnosis

Suma Genomics offers prenatal diagnosis on request by the doctors and centers that are registered as per Preconception and Prenatal Diagnostic Techniques (PC-PNDT) Act, 1994.

I hereby consent for prenatal testing from my fetal sample at Suma Genomics Private Limited, Manipal. I have understood that

- The test is being done on my request for identification of a specific genetic disorder in my baby
- I am provided pretest genetic counseling by my physician/ geneticist/ counselor before this test is requested by her/ him
- I know that it is necessary for me to receive the report through my doctor who will explain me the results with appropriate post-test genetic counseling
- There is a very small possibility that the test may not be successful despite the best efforts by the laboratory
- There is a possibility that the test might obtain equivocal or no results
- A repeat testing might be necessary, including obtaining fresh samples from the fetus
- There is an error rate of 1-2% for these tests
- Only the specific test requested by me/my doctor will be performed. A normal test result does not rule out other causes of an abnormal baby
- The laboratory might face technical challenges or logistic issues and sometimes the test results may be delayed despite the best efforts by the laboratory
- The laboratory might use remaining samples for internal research or quality control to improve the quality of the tests
- I know it is illegal to terminate the pregnancies beyond 20 weeks of gestation
- I/ we do not seek sex determination and I/ we know it is illegal to do so

In full recognition of the above considerations and limitations of the laboratory methods and interpretation of results involved, I release the Doctors and Scientists concerned from any liability for injury, either physical or mental and assume all risks inherent.

Name and signature of the pregnant women	Name and signature of the doctor
Name and signature of the husband	Medical council and registration No.
Address with contact No.:	Address with contact No.:



Test Requisition Form- Prenatal Testing

Name of the pregnant woman	:			
Contact number and email	:			
Gender/ Age	:			
Date of birth	:			
Name of the referring physician	:			
Contact number and email	:			
Medical Council and registration				
number	:			
Hospital Number (your reference	:			
number)	•			
Name and Address of the Hospital	:			
Indication	:			
Test requested				
PND001 (Rapid aneuploidy testing fo	r chromosomes 13, 18, 21, X and Y by QF-PCR)			
PND002 (Prenatal diagnosis of any m	onogenic disease, detection of common aneuploidies and testing			
maternal cell contamination)				
Sample requirement: Please provide fetal samples (amniotic fluid 10 ml or sufficient chorionic villi) and 2				
ml EDTA blood samples of both parent	ts. Also, provide copies of previous genetic test reports of the			
proband and family members.				
Additional samples provided, with nam	ne and relationship:			
Payment details (provide mode, bank, date and transaction details):				
I, Dr confirm that the patient/family has received the necessary pre-test				
genetic counselling and has been informed regarding the possible test outcomes.				
Signature of the referring physician				
Date:				

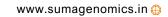




FORM E

Form of maintenance of records by genetic laboratory

1	Name and address of Genetic Laboratory	Suma Genomics Private Limited, Manipal
2	Registration Number	159
3	Patient's Name Hospital Number	
4	Age	
5	Husband's/ Father's name	
6	Full address with Tel No. if any	
7	Referred by/ Sample sent by (full name and address of Genetic Clinic) (Referral note to be preserved carefully with case papers)	
8	Type of sample: Maternal blood/ Chorionic villus sample/ amniotic fluid/ fetal blood/ or other fetal tissue (specify)	
9	Specify indication for pre-natal diagnosis A. Previous child/ children with i) Chromosomal disorders ii) Metabolic disorders iii) Malformation(s) iv) Mental retardation v) Hereditary hemolytic anemia vi) Sex linked disorders vii) Single gene disorder viii)Any other (specify)	





	Laborate	ory tests carried out	
	(give de	tails)	
	i)	Chromosomal	
		studies	
10	ii)	Biochemical studies	
. •	iii)	Molecular studies	
	iv)	Preimplantation	
		Gender diagnosis	
11		f diagnosis	Normal/ Abnormal
	If abnor	mal give details	
	Date(s)	on which test carried	
12	out		
The	result of t	he prenatal diagnostic te	sts was conveyed to
on			
Dat	۵.		Name, Signature and Registration of
Place:			Medical Geneticist/ Director of the
	-		Institute