

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 <input type="checkbox"/> PND001 (Rapid aneuploidy testing for chromosomes 13, 18, 21, X and Y by QF-PCR) <input type="checkbox"/> PND002 (Prenatal diagnosis of any monogenic 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 parents. Also, provide copies of previous genetic test reports of the proband and family members.	
Additional samples provided, with name 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)	

10	Laboratory tests carried out (give details) i) Chromosomal studies ii) Biochemical studies iii) Molecular studies iv) Preimplantation Gender diagnosis	
11	Result of diagnosis If abnormal give details	Normal/ Abnormal
12	Date(s) on which test carried out	

The result of the prenatal diagnostic tests was conveyed to
on.....

Date:
Place:

Name, Signature and Registration of
Medical Geneticist/ Director of the
Institute