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CONSENT FORM FOR PRENATAL GENETIC TESTING

I _____ wife / daughter of _____

Age _____ Occupation _____

Residing at _____ PermanentAddress _____

_____ hereby state and declare that I have been explained fully in vernacular and that I have understood the procedure of tests which I intended to undergo.

- 1. I have given my sample at _____ Lab / Hospital. My treating Doctor is _____.
2. I have been explained fully the probable side effects and after effects of the prenatal diagnostic procedure.
3. I hereby state that after understanding the procedure and side effects I have decided to undergo the prenatal Diagnostic procedure to find out the possibility of a Cytogenetic abnormality in the child I am carrying.
4. I understand that I am undergoing this test in my interest and as per my free will, I have not been influenced by any person to undergo such test.
5. I understand that:
a. Cytogenetic test is done to rule out gross chromosomal disorders only.
b. The FISH (Fluorescent in Situ Hybridization) test quickly rules out numerical abnormalities of chromosomes 13,18,21, X and Y only.
c. The tests are about 99% accurate.
d. The sex of fetus will not be disclosed to me.
6. I undertake not to terminate the pregnancy if the prenatal tests conducted show the absence of any abnormality
7. I understand that breach of this undertaking will make me liable to penalty as prescribed in the Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act 1994 (57 of 1994) and rules framed there under.

Date : _____

Place: _____ Signature: _____

Mr. _____ Age _____ Residing at _____

_____ I hereby give my free consent for the test undertaken by my wife / daughter / relative _____ to undergo Karyotyping / FISH test.

Date : _____

Place: _____ Witness Signature: _____