

CVS CONSENT FORM

The purpose of CVS (chorionic villus sampling) is to detect certain genetic abnormalities including fetal chromosome disorders. CVS does not detect all problems that can occur in a baby.

Before the CVS, you will have an ultrasound scan to help locate the placenta and fetus. CVS involves inserting a thin needle through the woman's abdomen into the placenta. A small amount of the placental tissue (also called chorionic villi) is taken out. There may be some mild discomfort when the needle is inserted (like having your blood drawn).

Serious complications occur in less than 1% of CVS. The most serious complication is miscarriage (there is about a 1:500 risk). Other possible, but rare complications include bleeding, infection, or injury to the fetus. These are extremely rare. Minor complications include cramping, vaginal spotting, slight leakage of amniotic fluid, and soreness where the needle was inserted. Fewer than 1 in 100 CVS need to be repeated because insufficient tissue was obtained the first time.

The standard testing performed on a CVS sample is karyotype analysis, which can identify over 99% of chromosomal disorders. Testing for other conditions will not be performed unless you choose to do so.

Normal test results do not guarantee the birth of a normal child. In addition, 3-5% of all pregnancies have birth defects, which cannot be detected by CVS or by ultrasound examination.

Other issues:

- **In the case of twins or other multiple fetuses, the results may pertain to only one of the fetuses.**
- **In the case of abnormal diagnostic results, the decision to continue or terminate the pregnancy is entirely yours.**
- **The decision to consent to, or to refuse the above procedure is entirely yours.**
- **No tests will be performed and reported on your sample other than those authorized by you and your doctor and any unused portion of your original sample will be destroyed.**
- **The laboratory will disclose the test results ONLY to Dr. Minior and your OB/GYN doctor, or to her employee, unless otherwise authorized by you, or required by law.**

Your signature below indicates that you have read, or had read to you, the above information, that you understand it and would like to have the amniocentesis procedure. You have had the opportunity to discuss it, including the purposes and possible risks, with your doctor or someone your doctor has designated (such as a genetic counselor). You understand that you may obtain professional genetic counseling if you wish, before signing this consent.

**I have all the information I want, and all my questions have been answered.
I consent to have a CVS performed by Dr. Minior (or the covering doctor).**

Signature: _____ Date: _____

Print name: _____