



UT Medical Group, Inc.
 Center for High Risk Pregnancies
 OB-GYN - Maternal-Fetal Medicine
 6215 Humphreys Boulevard, Suite 201
 Memphis, Tennessee 38120-2382
 901-866-8085 • Fax: 901-302-2085

Informed Consent and Release Amniocentesis

To whom it may concern:

I hereby authorize Dr. _____ at UT Medical Group, Inc. and the University of Tennessee, Memphis to perform genetic studies on my fetus or for fetal lung maturity. I understand that the cells and/or fluid required for such an analysis are obtained by transabdominal amniocentesis which involves penetration of the mother's abdominal and uterine walls by a hypodermic needle and withdrawal of fluid (amniotic fluid) surrounding the fetus

The following points have been explained to me and I understand and accept them:

- Transabdominal amniocentesis is a proven technique that has been used extensively. The major risk is considered to be pregnancy loss, estimated as an increase of 1/200 over baseline loss rate by some studies. Hazard to the mother or fetus is considered to be extremely small; however, it cannot be guaranteed that the procedure will not cause injury to the mother (e.g., infection, vaginal bleeding), injury to the fetus (e.g., fetal limb defect, spontaneous abortion), or result in pregnancy complications like premature labor or premature rupture of the membranes,
- A given attempt to obtain amniotic fluid may be unsuccessful.
- Tissue culture of the cells obtain amniotic fluid may be unsuccessful or the chromosome preparation may be of such poor quality as to be uninterpretable.
- The likelihood of a misinterpretation of the chromosome studies is considered to be small. However, analysis based on study of non-embryonic tissue (e.g. maternal cells may not always reflect the status of the embryo, per se. Accordingly, a complete and correct diagnosis of the condition of the fetus based on the chromosome analysis or alpha-fetoprotein or acetylcholinesterase analyses cannot be guaranteed.
- Testing will ordinarily detect only chromosome abnormalities (e.g. Down syndrome) and neural tube defects (e.g. spina bifida ida).
- Tests to detect other genetic disorders are available, but will not be attempted unless specified. Other tests will be specified delineated:
- I understand that neither the results of the amniocentesis nor the ultrasound examination can guarantee the delivery of a normal, healthy baby.
- The fluid and tissue that was not used for diagnostic purposes may be stored and used for future scientific investigations.
- I understand that information regarding this test, the outcome of my pregnancy, and the condition and development of my child may be used in coded form for research purposes and may be obtained from my obstetrician and pediatrician.

Aware of the possible hazards and limitations of amniocentesis, I elect to undergo amniocentesis.

 Signature

 Printed name

 Date

 Witness Signature

 Witness Printed name