Canterbury District Health Board
Te Poari Hauora o Waitaha
CHRISTCHURCH WOMEN'S HOSPITAL
MATERNITY SERVICES

SURNAME ..... NHI .....
FIRST NAME ..... DOB .....
ADDRESS .....
..... POSTCODE .....
(or affix patient label)

CONSENT FOR PRENATAL MICROARRAY TESTING

Consent for Prenatal Microarray Testing

Consent is given for prenatal microarray testing and analysis.

I understand that:

1. A microarray is being requested to detect loss or gain of chromosomal material.
2. The test is being done to try to explain the abnormalities seen on the ultrasound scan.
3. The microarray result will be one of the following:
   - **No clinically significant change**, ie. a normal result
     - A normal result does not exclude all genetic conditions in the fetus.
   - **Pathogenic change**, ie. abnormal result
     - The abnormal result may explain the abnormalities seen on the ultrasound scan or be expected to cause other problems, eg. developmental delay/intellectual disability.
     - ***Very rarely*** a chromosomal abnormality is found that has important health implications but is not related to the ultrasound abnormalities, eg. the result may be relevant to genetic conditions that have an onset in later life or those that are associated with an increased risk of cancer *(incidental finding).*
   - **Change of uncertain significance**
     - There may be limited information available regarding the effects of the chromosome change, ie. it may be difficult to know whether the change is the cause of the ultrasound abnormalities or whether it will cause other problems that may be detected in later pregnancy or after the baby is born.
     - A change may be associated with variability in the problems it can cause, ie. different people may be affected more or less severely, and it may not be possible to provide the exact risk of a change causing problems or how significant the problems will be.
   - **Change of unknown significance**
     - There may be no information available regarding the effects of the chromosome change, ie. it may be difficult to know whether the change is the cause of the ultrasound abnormalities or whether it will cause other problems that may be detected in later pregnancy or after the baby is born.
4. Blood samples are required from both parents when a prenatal microarray test is requested. Interpretation of a finding in the fetal sample may be more difficult if samples from both parents are not available.
5. A change may be detected in the fetus, which may subsequently be found in either parent.
6. The test may reveal information about biological relationships.
7. The test may show that the fetus (and/or parents) is a carrier of a recessive genetic disorder. In this situation genetic counselling will be required to ensure the family understand the implications of the results.

Preliminary results will be available within **15 days**. The results of any follow-up testing required will take longer than this to be available.

The result will be given to me by a specialist obstetrician or clinical geneticist who will explain the finding.

The remaining DNA from the fetal sample and parental samples will be stored in the molecular genetics laboratory.

I can choose to have a standard chromosome analysis (G-banded karyotype) instead of a prenatal microarray analysis.

I have read and understood the information given to me and have had the opportunity to ask questions, which have been answered to my satisfaction.

PATIENT Name: _____

Signature: _____ Date: ...../...../.....

HEALTH PROFESSIONAL Name: _____

Signature: _____ Date: ...../...../.....

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