

Pacific In Vitro Fertilization Institute
1319 Punahou Street, Suite 980
Honolulu, HI 96826

Consent for Genetic Carrier Screening

The goal of our practice is to make sure that you receive optimal care and attention to improve your chances of having a healthy pregnancy and a healthy child. As a part of your care, we offer screening for hereditary conditions that can be passed on to children from carrier parents. Carriers of hereditary conditions typically do not exhibit signs or symptoms of the disease so testing is necessary to detect carrier status. Most hereditary conditions can be inherited only if both parents are carriers of the gene that causes the condition; however, some can be passed on if only one parent carries the relevant gene. Genetic carrier screening can help you understand your risk of having a child with a genetic disease. Please visit this website for more information: <https://www.natera.com/womens-health/horizon-patient>

If both you and your partner are carriers for the same disease, your child has a 1 in 4 (25%) chance of having that disease. Certain disorders, such as Fragile X, can be inherited if just one parent is a carrier, and the risk could be as high as 1 in 2 (50%).

You should be aware that not every genetic mutation and disorder can be identified through genetic carrier screening. A negative genetic carrier screening means that you have a lower chance of having a child with a genetic disease, but it does not mean that you have no chance of having a child with a genetic disease. In addition, you may be a carrier of a genetic disease that was not tested through genetic carrier screening.

Regardless of your choice of testing or your test results, genetic counseling is available to you at any time. Genetic counseling itself may be an appropriate alternative to genetic carrier screening. If you would like to schedule an appointment with a genetic counselor from Natera, appointments can be arranged by calling (877) 476-4743.

ACKNOWLEDGEMENT: I have had the opportunity to speak with a genetic counselor to discuss genetic carrier screening. I have been fully informed of the purpose of the genetic carrier screening, the reliability of the screening results, the risks and benefits of electing or declining genetic carrier screening and the available alternatives to genetic carrier screening, such as genetic counseling only. My questions were answered to my satisfaction.

I **do not want** genetic carrier screening

OR

I **want** genetic carrier screening and accept the associated costs

Patient Name: _____

DOB: _____

Patient Signature: _____

Date: _____