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INFORMED CONSENT/DECLINATION OF HIV SCREENING

The midwife ordering the HIV screening has explained the following:

- The state of NJ now requires HIV testing on all pregnant patients in the first and third trimester.
- I understand I have the right to decline the test, however; my baby would be screened at birth for HIV by the hospital.
- My blood will be tested in order to detect whether or not I have antibodies to the HIV virus, which is probably the cause of AIDS.
- The benefits and risks have been explained to me.
- Confidentiality of the test results will be in accordance with Federal and State regulations. Positive test results may be available to Federal and State or local health officials.
- If I choose to decline testing it is my responsibility to notify my midwife prior to my blood being drawn at my first visit and again with third trimester bloodwork.

INFORMED CONSENT/DECLINATION CYSTIC FIBROSIS SCREENING

I agree that a sample of my blood may be taken and tested to determine the presence of a carrier gene mutation that causes cystic fibrosis (CF).

The midwife ordering the test has explained the following:

- The decision to be tested for CF carrier status is completely mine. The test does not detect all carriers.
- If I am a carrier, testing the baby's father will provide further information.
- If one parent is positive for CF and the other is negative, there is a small chance that the baby could have CF.
- If both parents are carriers, there is additional testing available to determine if the baby had CF.

Results will be reported to me by my midwife. The results are confidential and will only be released to other medical professionals with my written, informed consent. I can also obtain genetic counseling before testing and if my results are positive. I have read this consent form, and had the opportunity to ask questions. I understand the risks and benefits of my choice and the medical consequences if I decline testing for CF. I am also aware that my insurance company may not cover testing for myself/partner.

- I DO consent to Cystic Fibrosis carrier testing.
- I DO NOT consent to Cystic Fibrosis carrier testing.

INFORMED CONSENT/DECLINATION OF ULTRASCREEN TESTING

I have read the information provided regarding prenatal testing. This information is available on our website or printed versions will be given upon request. I understand that the Ultrascreen is a screening test and is not diagnostic. Therefor a positive test result does not always mean that your baby has a problem. Diagnostic testing is the only way to diagnose a problem and will only be performed with informed consent.

- I DO consent to have the ultrascreen performed.
- I DO NOT consent to have the ultrascreen performed.

 Patient Signature

 Witness Signature

 Date