

Informed consent for **Trisomy 21** risk screening

Based on analysis of biological markers in maternal blood

After medical consultation, I the undersigned,

Mrs./Ms

Address

Have been fully informed concerning the following points:

- The blood sample which I will give is to be used for the assay of at least two markers..
- The purpose of the test is to assess the risk of my child being born with Trisomy 21 (also known as Down syndrome) although this result alone is not sufficient for definitive diagnosis of the condition.
- The result—presented in terms of the risk of Trisomy 21—will be given to me by the physician who prescribed the test who will also fully explain its implications.
- If the risk is considered as being relatively high (e.g. 1/100 or higher), a test to directly analyze the fetal chromosome (its karyotype) will be offered; this test will involve the withdrawal of a sample of amniotic fluid.
- If the risk is considered as being relatively low (e.g. 1/300 or lower), this does not definitely rule out the possibility of my child being born with Trisomy 21. Currently, the sensitivity of the test is such that it is only capable of detecting about 60 % of cases of Trisomy 21.

I consent to giving a sample of my blood for assay of these markers.

Signed at, _____ on,

Signature (together with the words “read and approved”)

Appendix 2 T21 Risk Assessment