INGELIGTE TOESTEMMING VIR DIAGNOSTIESE AMNIOSENTESE

Ek, ... het deur Dr Anton Seris berading ontvang ten opsigte van diagnostiese amniosentese vir genetiese studies.

Ek gee hiermee toestemming dat Dr Anton Seris 'n diagnostiese amniosentese op my mag uitvoer. Ek versoek ook LANCET om voorgeboortelike toetse van die fetale chromosome en toepaslike biochemiese toetse (AFP en / of .....) te doen.

Ek is ingelig dat :

1. Op ouderdom ..... my agtergrondsrisiko om 'n baba met Down Sindroom / Trisomie 18 / Trisomie 13 te hê ..... is, terwyl die algehele risiko om 'n baba met 'n chromosoom defek te hê, ... is.
2. 'n Moederlike serum Down Sindroom siftingstoets gedoen op ..... swangerskapsduur, het 'n risiko aangetoon van ..... om 'n baba met Down Sindroom te hê.
3. Die risiko vir .....

Dit is aan my verduidelik en ek verstaan dat:

I. `n Amniosentese hou 'n klein risiko in vir die fetus en 'n baie klein risiko vir die moeder. Geassosieerde komplikasies mag infeksie, bloedingsprobleme, en / of miskraam (0.5-2%) insluit.

II. Indien 'n onvoldoende vrugwatermonster verkry word, die amniosentese herhaal mag word. 'n Vrugwatermonster herhaling mag ook deur die laboratorium versoek word versoek word indien die kultuur van amnio selle nie goeie groei gehad het nie of as die resultate twyfelagtig was. Baie selde sal geen resultaat verkry word, selfs as die amniosentese herhaal is.

III. Normale chromosoom en /of biochemiese resultate elimineer nie die moontlikheid van 'n baba met strukturele geboorte afwykings en/of verstandelike gestremdheid wat geassosieerd is met ander toestande nie

IV. Meervoudige swangerskappe mag die interpretasie van die resultate bemoeilik / kompliseer

HANDTEKENING: .....

GETUIE : .....

DATUM: .....

PARA ..... GRAVIDA ..... BLOED GROEP.....

INFORMED CONSENT FOR DIAGNOSTIC AMNIOCENTESIS

I ..... have been counselled by Dr Anton Seris and authorized Dr Anton Seris to perform a diagnostic amniocentesis and LANCET to do prenatal studies of the foetal chromosomes and/or appropriate biochemical tests (AFP and / or .....)

I have been informed that:

1. At age ..... my risk for giving birth to a child with Down Syndrome/ Trisomy 18 / Trisomy 13 is ..... .While the overall risk of the child having a chromosomal disorder is.....
2. A maternal serum Down Syndrome screen done at ..... gestational weeks, has shown my risk of having a child with Down Syndrome to be .....
3. The risk for..... .....

It has been explained to me and I understand that:

I. Amniocentesis involves a small risk to the foetus and a very small risk to the mother. Associated complications may include infection, bleeding and. or miscarriage (0.5-2%)

II. In the event of an inadequate sample being obtained, the amniocentesis procedure may have to be repeated. A sample may also be requested by the Laboratory in the case of culture growth failure or to confirm ambiguous results. Very occasionally, no result is obtained even after the amniocentesis has been repeated.

III. Normal chromosome and/or biochemical results do not eliminate the possibility that the child may have birth defects and/or mental retardation associated with other disorders.

IV. Multiple pregnancies may complicate the interpretation of the results

SIGNATURE: .....

WITNESS: .....

DATE: .....

PARA..... GRAVIDA .....BLOOD GROUP .....