## AFP TRIPLE SCREEN CONSENT FORM

Your AFP Triple Screen is a blood study for detecting two types of birth defects in the unborn baby. These are open neural tube defects (including anencephaly, spina bifida "open spine", and related conditions) and Down syndrome, a cause of mental retardation and other physical problems. There are two drawbacks to any screening test. There will by definition be a large number of false positive screens (the test may indicate a potential problem when it does not actually exist) and there will be a certain number of false negatives. For example, the AFP Triple Screen will identify 70%, but miss 30%, of cases of Down syndrome.

The AFP Triple Screen check for three serum markers: Alphafetoprotein (AFP), human chorionic gonadotropin (HCG), and unconjugated estriol (UE3). These three values are then entered into a computer along with the patient's chronological age and the gestational age of the pregnancy. The computer program then assigns a risk factor for both Down syndrome and neural tube defects. If the risk is less than 1 in 200 it is generally considered a negative screen; if it is greater than 1 in 200 the screen is positive. Further studies, usually ultrasound and amniocentesis, could then be performed by a specialist to determine if the fetus is indeed affected. The degree of any abnormality present would be useful in deciding whether to continue the pregnancy, making special arrangements for delivery and beyond, or to pursue termination.

If you have a family history of these birth defects or have had a baby who is affected, this screening is an option. The American College of Obstetricians and Gynecologists recommends that it be offered to all obstetrical patients. It can be drawn any point from 15 to 20 weeks of pregnancy, but the best time is about 16 weeks.

You will need to give written permission for this blood test to be done, and should also understand that it does not detect all birth defects, chiefly open neural tube defects and Down syndrome. The test is elective and only you can decide whether or not it should be done. You should also be aware that not all health insurance plans will pay for AFP Triple Screening. If your insurance does not cover this test, your are expected to pay for it yourself if you wish for it to be performed. By your signature below you understand, accept, and agree to these provisions of the AFP Triple Screen and will pay for the test if it is declined by your insurance carrier.

I wish to accept_____ reject_____ the AFP Triple Screen Test.

_____ _____

*(Signature)* *(Date)*

_____ _____

*(Witness)* *(Date)*