Canterbury District Health Board
Te Poari Hauora ō Waitaha
CHRISTCHURCH WOMEN'S HOSPITAL
MATERNITY SERVICES

SURNAME	NHI .....
FIRST NAME	DOB .....
ADDRESS	
.....	POSTCODE .....

(or affix patient label)

CONSENT FOR PRENATAL/PERINATAL MICROARRAY C239019

Consent for Prenatal/Perinatal Microarray

Consent is given for prenatal or perinatal microarray testing and analysis. I understand that:

1. A microarray is being requested to detect loss or gain of chromosomal material.
2. The test is being done to try to explain the underlying problem in the fetus.
3. The microarray result will be one of the following:
   - **A normal result:** No clinically significant change
     - A normal result does not exclude all genetic conditions in the fetus.
   - **An abnormal result:** Pathogenic change
     - The abnormal result may explain the underlying problem in the fetus, and may occasionally be associated with other problems, e.g. Developmental delay/intellectual disability.
     - ***Very rarely*** a chromosomal abnormality is found that is not related to the underlying problem in the fetus, but which has important health implication for you or your partner *(incidental finding).*
   - **A change of uncertain significance**
     - There may be limited information available regarding the effects of the chromosome change, i.e. It may be difficult to know whether the change is the cause of the underlying problem in the fetus, or whether it is associated with other problems instead.
     - The change may be variable in the problems it can cause, i.e. It could cause mild or severe problems, and it may not be possible to know how much the change has contributed to the underlying problem in the fetus, or how significant the problem might be.
4. There may be a need for parental blood samples:
   - **Prenatal samples**: Both parental blood samples are required; a maternal blood sample is required at the minimum. In the absence of the paternal sample, interpretation of the result may be more difficult.
   - **Perinatal samples (placental)**: A maternal blood sample is required. A paternal sample may be requested later.
   - **Perinatal samples (fetal tissue)**: Parental blood samples are not routinely required but may be requested later.
5. Other possibilities may occur:
   - A change detected in the fetus may subsequently be found in either parent.
   - The test may reveal information about biological relationships.
   - The test may show that the fetus (and/or parents) is a carrier of a recessive genetic disorder. In this situation, genetic counselling is required to ensure the family understands the implications of the results.

Results will usually be available within **15-28 days** (15 for prenatal, 28 for all others). The results of any follow-up testing required will take longer than this.

The result will be given to me by a specialist obstetrician or clinical geneticist who will explain the finding.

The remaining DNA from the fetal sample and parental samples will be stored in the genetics laboratory.

The laboratory contributes data to secure anonymised international databases.

I have read and understood the information given to me and have had the opportunity to ask questions, which have been answered to my satisfaction.

PATIENT
Name: _____
Signature: _____ Date: ...../...../.....

HEALTH PROFESSIONAL
Name: _____
Signature: _____ Date: ...../...../.....