

GENETIC TESTING

PT NAME: _____

DOB: _____

HARMONY PRENATAL TEST

(CPT CODE 81507 & 81599)

The Harmony test consists of blood from Mom and can be drawn anytime after 10weeks. This test detects Down Syndrome, Trisomy 13 and Trisomy 18 with a 99% detection rate. If you would like to know if your baby is affected by these chromosomal problems before you deliver your baby, this is the test that is recommended.

Some insurance companies do not cover Harmony. I understand that my insurance company may not cover this test and I will be financially responsible for the charges that my insurance company does not cover.

SIGN: _____ DATE: _____ ACCEPT _____ DECLINE _____

SCREENING FOR OPEN NEURAL TUBE DEFECTS

(CPT CODE 82105)

Maternal serum Alpha-fetoprotein is an effective screening which consists of blood from Mom. The best time to draw MSAFP is between 16-18 weeks, although available from 15-23 weeks. Dr Dulaney recommends this test be done during each pregnancy.

Some insurance companies do not cover Open neural tube defects. I understand that my insurance company may not cover this test and I will be financially responsible for the charges that my insurance company does not cover.

SIGN: _____ DATE: _____ ACCEPT _____ DECLINE _____

SCREENING FOR CYSTIC FIBROSIS

(CPT CODE 81220)

Cystic Fibrosis (CF) is a progressive, multisystem disease that primarily impacts the lungs, pancreas, and the digestive tract. CF significantly shortens the lifespan of people affected by it –median survival is approximately 37 years. Because CF is caused by an inherited genetic mutation, *carrier screening is recommended* to identify couples at risk for having a child with the disease.

The incidence of CF is highest among non-Hispanic white individuals (roughly 1 in 2,500) and people of Ashkenazi Jewish ancestry. It is considerably less common (but still occurs) in other ethnic groups.

Cystic Fibrosis carrier screening is a blood test. CF screening is available for all individuals who are pregnant or planning a pregnancy to determine if either parent is a carrier of CF. DNA testing for CF detects approximately 80-90% of Caucasian carriers, approximately 95-97% of Ashkenazi Jewish carriers approximately 60% of African American and Hispanic carriers and approximately 30-40% of Asian carriers. Dr Dulaney recommends you have this test done. This test is necessary once in your life.

Some insurance companies do not cover Cystic fibrosis testing. I understand that my insurance company may not cover this test and I will be financially responsible for the charges that my insurance company does not cover.

SIGN: _____ DATE: _____ ACCEPT _____ DECLINE _____

My signature on this form indicates that I have read, or had read to me, the information regarding the above testing. I understand the specific test(s) that I choose to have. I know that genetic counseling is available to me before and after testing. I have all the information and all my questions have been answered. I signed by each test that I wanted to have and understand the financial obligations.

SIGN: _____ DATE: _____

NOTE: YOU MAY CALL YOUR INSURANCE TO SEE IF TEST ARE COVERED, SOME INSURANCE COVER TEST BASED ON MEDICAL NECESSITY ONLY AND MAY DECIDE AFTER REVIEW OF RESULTS AND HISTORY NOT TO COVER TESTING. THE ABOVE TEST ARE FOR SCREENING ONLY.