



**CENTRE FOR DNA FINGERPRINTING AND DIAGNOSTICS**  
**Hyderabad**

**DIAGNOSTICS DIVISION**

**CONSENT FORM FOR PRENATAL DIAGNOSTIC TESTS**

I ..... wife of .....

Resident of .....

request and authorize the **Scientific Staff of Diagnostic Division** of **Centre for DNA fingerprinting and Diagnostics, Hyderabad** to carry out **Prenatal Diagnostic Tests** indicated below

1. Chromosomal studies      2. Molecular studies      3. Biochemical studies

on       Chorionic villus samples.       Amniotic fluid sample.

Fetal blood sample       Other sample(s)

It has been explained to me in simple language and I understand that .

1. There is a very small possibility that growing the fetal cells or tissue may not be successful or Molecular, Chromosomal/Biochemical analysis may not be successful, so no / equivocal results may be obtained.
2. Repeat amniocentesis / Chorionic Villus sampling may be required.
3. The test results cannot be guaranteed to be 100% accurate, as 1-2 % chance of error remains. .
4. Every effort is made to obtain the results as soon as possible. Occasionally no results are available until 3-4 weeks after taking the sample.
5. The results provided of normal chromosomes or normal molecular or normal biochemical status of the fetus do not eliminate the possibility that the child may have birth defects and / or mental retardation because of other cause(s).
6. Any fetal fluid or tissue remaining after the test may be used for research.

In full recognition of the above considerations and limitations of the laboratory methods and interpretation of results involved, I release the Doctors and Scientists concerned from any liability for injury, either physical or mental and assume all risks inherent.

Witness

Signed

Name & Signature & Address

Name