


FETAL SEX DETERMINATION FROM MATERNAL BLOOD

Mandatory completion of the signed consultation certificate and consent form (Document below)

LABORATORY AND TESTING		
Customer no. <input type="text"/>	Sampling date <input type="text"/>	Sampling time <input type="text"/> h <input type="text"/>

PATIENT	PRESCRIBER
LAST NAME	LAST NAME
FIRST NAME	FIRST NAME
Birth name	Address
Address	City Country
City Country	Tel.:
Date of birth: <input type="text"/>	Fax:
	Email address:
	Signature:

CURRENT PREGNANCY	
Date of the last menstrual period <input type="text"/>	Date of initiation of pregnancy <input type="text"/>
<input type="checkbox"/> Singleton pregnancy	<input type="checkbox"/> Multiple pregnancy
Is prenatal diagnosis by invasive procedure planned? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, on what date <input type="text"/>	

TESTING INDICATION
<input type="checkbox"/> X-linked recessive genetic disease (RLX), specify
<input type="checkbox"/> X-linked dominant genetic disease (DLX), specify
<input type="checkbox"/> Congenital adrenal hyperplasia (couple at risk)
<input type="checkbox"/> Chromosomal abnormality involving X, specify
<input type="checkbox"/> Abnormal external genitalia on ultrasound
<input type="checkbox"/> Discordance ultrasound sex vs chromosomal sex
<input type="checkbox"/> Suspicion on an (unidentified) recessive X-linked genetic disease (RLX), specify
<input type="checkbox"/> Other, specify

INFORMATION FOR THE PATIENT, CERTIFICATE OF MEDICAL CONSULTATION AND CONSENT FOR TESTING
<p>I, the undersigned, Dr/Pr..... or Mrs/M..... genetic counsellor under the responsibility of Dr/Pr....., hereby certify that I have received Mrs (surname, first name, date of birth) in consultation on this day in order to provide her with the following information:</p> <p>Determining the sex of your foetus is useful for managing your pregnancy, particularly if you are considering early prenatal diagnosis. There are several ways of doing this:</p> <ul style="list-style-type: none"> Fetal ultrasound can be used to determine the sex of the foetus, but to be as reliable as possible it can only be carried out from the 14th week of amenorrhoea, which is not compatible with early prenatal diagnosis. A sample of foetal tissue is taken to establish the chromosomal sex of the foetus (foetal karyotype). This sample can be taken from the 11th week of amenorrhoea (chorionic villus biopsy) or later (amniotic fluid by amniocentesis) from the 14th week. However, these invasive procedures carry risks, particularly of foetal loss (around 1 to 2%). <p>To find out the sex of your foetus at an early stage (before the 14th week of amenorrhoea) without having to undergo an invasive procedure, you can have its sex determined by genetic analysis of the foetal DNA circulating in your blood. This test can also be useful if you have difficulty interpreting a foetal ultrasound scan. It is a simple blood test that poses no risk to your foetus.</p>

<p>I, the undersigned, Mrs (surname, first name, date of birth)</p> <ul style="list-style-type: none"> Consent to the collection and performance of this molecular genetic test, which will be carried out by a medical biology laboratory authorised by the French authorities to carry it out. This is a simple blood test that poses no risk to my foetus. <p>The results of this test will be given to me and explained by the prescribing doctor (or by delegation to the genetic counsellor) in the context of a genetic consultation. The original of this document is kept in my medical file. A copy of this document is given to me and to the practitioner who is to carry out the tests. The medical biology laboratory where the practitioner who carried out the tests works will keep this document under the same conditions as the test report. I have had the opportunity to ask any questions I may have had to the geneticist or genetic counsellor who prescribed this examination and I have received full and adequate answers.</p>
<p>Done in, on</p>

PATIENT'S SIGNATURE	SIGNATURE OF LEGAL REPRESENTATIVE(S)	PRESCRIBER'S SIGNATURE
Surname, First name, Date of birth Signature	Surname, First name, Date of birth Lien Relationship to the patient (if patient minor or adult under guardianship) : Signature(s)	Surname, First name Signature