

ANTEPARTUM TESTING CONSENT/REFUSAL FORM

INITIAL LABS

Blood Draw

Blood type \_\_\_\_\_ Rh \_\_\_\_\_ antibody screen if (-) \_\_\_\_\_yes \_\_\_\_\_no

CBC \_\_\_\_\_yes \_\_\_\_\_no

Hgb \_\_\_\_\_yes \_\_\_\_\_no

Varicella titer \_\_\_\_\_yes \_\_\_\_\_no

Rubella titer \_\_\_\_\_yes \_\_\_\_\_no

TSH (Thyroid Stimulating Hormone) \_\_\_\_\_yes \_\_\_\_\_no

Lipids \_\_\_\_\_yes \_\_\_\_\_no

MSAFP (Alphafetoprotein test) may indicate Downs Syndrome or neural tube defects.  
\_\_\_\_\_yes \_\_\_\_\_no

Cystic Fibrosis  
\_\_\_\_\_yes \_\_\_\_\_no

VDRL (Venereal Disease Research Laboratory ) Syphilis screen  
\_\_\_\_\_yes \_\_\_\_\_no

HIV  
\_\_\_\_\_yes \_\_\_\_\_no

Genetic Screening (Nuchal translucency)  
\_\_\_\_\_yes \_\_\_\_\_no

Speculum Exam

PAP \_\_\_\_\_yes \_\_\_\_\_no Most recent PAP \_\_\_\_\_ Result \_\_\_\_\_

Chlamydia \_\_\_\_\_yes \_\_\_\_\_no

Gonorrhea \_\_\_\_\_yes \_\_\_\_\_no

Amniocentesis/ Chorionic villus sampling (CVS) \_\_\_\_\_yes \_\_\_\_\_no

Urine Culture \_\_\_\_\_yes \_\_\_\_\_no

Ultrasound \_\_\_\_\_yes \_\_\_\_\_no

Physical Exam \_\_\_\_\_yes \_\_\_\_\_no

Breast Exam \_\_\_\_\_yes \_\_\_\_\_no

Pelvic Exam \_\_\_\_\_yes \_\_\_\_\_no

26-28 WEEK LABS

CBC \_\_\_\_\_yes \_\_\_\_\_no

HGB (blood from finger prick assessed with hemoglobinometer) \_\_\_\_\_yes \_\_\_\_\_no

Diabetes Screen

Glucose Challenge Test with Glucola \_\_\_\_\_yes \_\_\_\_\_no  
with jelly beans \_\_\_\_\_yes \_\_\_\_\_no

Fasting and 2 hour postprandial log (glucose level measured with blood from finger  
prick using a glucometer) \_\_\_\_\_yes \_\_\_\_\_no

HIV \_\_\_\_\_yes \_\_\_\_\_no

VDRL \_\_\_\_\_yes \_\_\_\_\_no

Rh antibody screen \_\_\_\_\_N/A \_\_\_\_\_yes \_\_\_\_\_no

Rhogam \_\_\_\_\_yes \_\_\_\_\_no

Flu vaccine \_\_\_\_\_yes \_\_\_\_\_no

Tdap vaccine \_\_\_\_\_yes \_\_\_\_\_no

32-36 WEEK LABS

CBC \_\_\_\_\_yes \_\_\_\_\_no

HGB \_\_\_\_\_yes \_\_\_\_\_no

Ultrasound \_\_\_\_\_yes \_\_\_\_\_no

VDRL \_\_\_\_\_yes \_\_\_\_\_no

HIV \_\_\_\_\_yes \_\_\_\_\_no

Group B Strep (GBS) \_\_\_\_\_yes \_\_\_\_\_no

With positive test result: IV antibiotics in labor \_\_\_\_\_yes \_\_\_\_\_no

Chlorhexadine vaginal wash in labor \_\_\_\_\_yes \_\_\_\_\_no

I have discussed the benefits and risks associated with each of the above prenatal labs and screening tests, vaccines, ultrasounds, and treatment options. I have no further questions and understand that the information obtained is not a guarantee of outcome.

Client \_\_\_\_\_ Date \_\_\_\_\_

Midwife \_\_\_\_\_ Date \_\_\_\_\_