

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

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 Tolerance Test (GTT) with Glucola _____yes _____no

2 hour postprandial _____yes _____no

glucose level measured with blood from finger prick using a glucometer

HIV _____yes _____no

VDRL _____yes _____no

Rh antibody screen _____N/A _____yes _____no

Rhogam _____yes _____no

32-36 WEEK LABS

CBC _____yes _____no

HGB _____yes _____no

Ultrasound _____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. I have no further questions and understand that the information obtained is not a guarantee of outcome.

Client _____ Date _____

Midwife _____ Date _____