

### INFORMED CONSENT FOR RAPID ANEUPLOIDY TEST

We the undersigned have requested for Rapid Aneuploidy test (ChromosomesCheck) on our unborn child. We understand and accept :

1. That although the procedure to obtain chorionic villi or amniotic fluid is a proven technique which has been used extensively and hazard to the mother or the fetus is considered to be extremely small, it cannot be guaranteed that the procedure will not cause damage to the mother or fetus or initiate premature labour, possibly resulting in spontaneous abortion.
2. That although every care will be taken with the sampling and test procedure, there is a risk that this test may be unsuccessful.
3. That although the likelihood of misinterpretation is small, a complete and correct diagnosis based on DNA amplification cannot be guaranteed.
4. This test is designed to detect the most common chromosome aneuploidies for chromosomal trisomies (including chromosome 21, 18, 13 and sex chromosome). It may not detect structural rearrangements involving the chromosomes tested and will not detect abnormalities in any other chromosomes. Hence, a normal diploid result for chromosomes tested does not guarantee that the baby will be born without birth defects, mental retardation or other disorders.

In full recognition of these possible hazards and limitations, we wish to proceed with the test and we hereby release DNA Laboratories Sdn Bhd from liability for any injury, either physical or mental which might be sustained by either of us or our unborn child as a result.

Signature

Father Name : _____  IC no : _____	
Mother Name : _____  IC no : _____	
Witness Name : _____  IC no : _____	

Date :