Hospital Logo		Patient Identification Label

Consent for Foetal Blood Sampling

Name:	Age (in years):	Gender: ☐ M ☐ F ☐ Other
UHID No./Registration No.:		
Interpreter Service: ☐ Yes ☐ No	Consultant's Name:	

Medical Condition

The doctor has explained that I/my child/my ……..have the following medical condition:

……

and I/my child/my……have been explained and advised to undergo the following treatment/procedure:

……

I authorise Dr. …… and his/her associates to perform the above treatment/ procedure.

The doctor should document the site and/or side where relevant to the procedure:……..

……

Introduction

Foetal blood sampling is the withdrawal of a small sample of the foetal blood. It is usually carried out after 18 weeks of gestation, as confirmed by ultrasound. The doctor will collect blood by inserting a 20/22-gauge needle through the abdominal wall into the umbilical vein of the foetus in the umbilical cord or the umbilical/portal vein in the foetal abdomen or directly from the foetal heart.

The procedure normally does not require any sedation. And local anaesthesia may or may not be required. The discomfort you may feel during the procedure will be equivalent to that of an intramuscular injection. And you might feel slight cramping during the procedure.

The quantity of blood to be drawn depends on the tests required but is rarely more than 10 ml.

Foetal blood sampling will be carried out to:

- Diagnose chromosomal abnormality in the foetus in case of any congenital anomaly / malformation (birth defect).
- Abnormal aneuploidy screening results.
- Test/ store DNA for diagnosis of genetic disorders.
- Test for intrauterine infections or other biochemical parameters in the foetal blood.
- Look for haematological disorders, most commonly foetal anaemia.

Consent for Blood Transfusion

Please see Blood Transfusion Consent Form. This will give you information about the type of the blood products, benefits and risks of blood transfusion. If you have any concern(s), please discuss with your doctor.

Intended Benefits (To be documented by doctor)

The procedure intends to provide you with information regarding the karyotype (chromosomal make-up) of your foetus(es). Less commonly, it is carried out to rule out intra uterine infection or to obtain biochemical, metabolic or genetic information.

Others if any specify:

Risks (To be documented by doctor)	**Patient Specific Risks (To be documented by doctor)**
▪ Transient pain due to passage of the needle through the abdominal wall. ▪ Mild uterine cramping immediately following the procedure. ▪ Transient bradycardia in the foetus. ▪ Miscarriage or foetal loss can occur in about 1 in 75. ▪ Cord hematoma if the sampling is done from the umbilical cord. ▪ Bleeding from the umbilical cord which stops after a few minutes in most cases. ▪ Rupture or leakage of fluid from the amniotic sac, which can lead to miscarriage or preterm labour. ▪ Infection. ▪ Occasional spot bleeding from the vagina after the procedure ▪ Bleeding is more common if you have been taking blood thinning drugs (For example: Warfarin, aspirin). ▪ In case of an insufficient specimen or a culture failure or technical challenges in the testing laboratory, a second procedure may be offered. ▪ Others, if any specify:	**1)** **2)** **3)** **4)**

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Specific Notes Related to Procedure (Strike out if not required)	**Precise Action Points Understood by the Patient/Substitute Decision Maker** (To be documented by patient/substitute decision maker in his/her language)

Patient's Authorisation

- The doctor has explained regarding the condition, treatment, procedure, risks and other associated information. I have fully understood the procedure and the risks, including the risk of miscarriage. The doctor has explained the prognosis, likely outcome of not having the procedure.
- The doctor has also explained relevant treatment options in case of any complications as well as the risks of not having the procedure.
- The doctor has explained my medical condition and the proposed prenatal invasive procedure.
- I have been given the choice to take a second opinion.
- I was able to ask questions and raise concerns with the doctor about my condition, the procedure and its risks.
- All my questions, concerns and doubts have been discussed and answered to my satisfaction.
- I understand that the treatment/procedure may include blood/blood product transfusion (for which a separate consent shall be obtained).
- I am undergoing the procedure of my own free will and am not being coerced into having it performed.
- The doctor has explained and it has been agreed to me that if immediate life-threatening events occur during the treatment/procedure, they will be treated according to the prevalent medical norms.
- I declare that no guarantee of whatsoever nature has been given by anyone as to the results that may be obtained.
- I am willing to undergo the procedure as required and that I have followed special instructions in respect of the tests/investigations to be performed prior to conduct of such tests.
- I hereby authorise the medical, paramedical staff of the hospital, to provide assessment, evaluation and medical treatment including administration of drugs as may be necessary and/or otherwise as may be deemed necessary.
- I understand that I have the right to refuse treatment or withdraw consent at any time. I agree that any such refusal/withdrawal shall be in writing and acknowledged by the hospital. And I shall be solely responsible for the outcome of such refusal.

- I consent to if any photographing or television of operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes. However, suitable precautions shall be taken by the hospital that my identity is not revealed anywhere. □ **Yes** □ **No**
- For purposes of advancing medical education, I consent to the admittance of observers to the operating room. □ **Yes** □ **No**

Patient Name:		Signature:		Date and Time:
Substitute Decision Maker Name:	Relationship:	Reason (patient is unable to give consent because):	Signature:	Date and Time:
Witness Name:	Relationship:		Signature:	Date and Time:
Interpreter Name:	Translation given in:		Signature:	Date and Time:

Declaration by the Doctor

I have explained to the patient / responsible attendants the medical condition, need for the procedure, its alternatives and risks, likely consequences if those risks occur and the significant risks and problems specific to this patient. I have answered all the patient's queries to the best of my knowledge. I believe that the patient has been adequately informed.

Name and Signature of the Doctor with Reg No:	Date and Time: