

GENETIC CARRIER SCREENING

What is genetic carrier screening?

Carrier screening, as prescribed by your healthcare provider, is a way to identify whether you are a “carrier” of various genetic disorders. Typically carriers are healthy individuals; but when two parents are carriers of the same genetic disorder they can have a child affected with the disorder. Knowing if you and your partner are carriers can help define your risk of having a child with that disorder.

What are the advantages of genetic carrier screening?

- For patients who are not carriers, expanded carrier screening provides reassurance that their child will be at a significantly reduced risk of developing any of the included genetic disorders.
- In most cases, if both parents are found to be carriers for *the same disorder*, there is a significantly increased chance of having an affected child, and this knowledge can help guide future decisions.
- For couples who are found to be at increased risk for an affected pregnancy:
 - Your healthcare provider can help you understand the medical options available if you are planning on having a family.
 - If you are pregnant, you can pursue testing to determine if the pregnancy is affected, as well as work with your physician to learn about how to best care for treatable diseases.

Some of the conditions you may be screened for include:

Cystic Fibrosis (CF)	CF affects many different organs in the body, including the lungs, pancreas, and liver, lining them with an abnormally thick, sticky mucus. CF may cause chronic breathing problems and lung infections and CF patients have a lower life expectancy.
Spinal Muscular Atrophy (SMA)	SMA causes certain nerves in the brain and spinal cord to die, impairing the person’s ability to move.
Fragile X Syndrome	Fragile X syndrome causes serious intellectual impairment and behavioral problems and is the most common form of inherited intellectual disability.

PLEASE MAKE A SELECTION AND SIGN BELOW:

I have received information from my healthcare provider regarding genetic carrier screening and hereby **accept** this screening.

I have received information from my healthcare provider regarding genetic carrier screening and hereby **decline** to undergo this screening, despite being advised of the benefits of this option.

Patient name: _____ DOB: _____

Patient Signature: _____ Date: _____

This form is for informational purposes only and is not intended to provide legal advice or serve as a substitute for informed consent to be obtained by the ordering healthcare provider.