



Natera One Carrier Testing Informed Consent/Decline

You should be certain that you understand the six items listed below. If you are not certain about any item, please ask your health care provider to explain them further before signing this form accepting or declining Natera One carrier testing.

1. I understand that the decision to be tested for Multi Disease carrier status is completely mine.
2. I understand that the Natera One test does not detect all Genetic Disorders.
3. I understand that if I am a carrier, testing the baby's father will help me learn more about the chance that my baby could have a genetic disease.
4. I understand that if one parent is a carrier and the other is not, it is still possible that the baby will have a genetic disease.
5. I understand that if both parents are carriers, additional testing can be done in order to know whether or not the baby will have a disorder.

I have read and understand the above information. I also understand it is my responsibility to check with my insurance company regarding possible coverage, since payment for the testing is ultimately my responsibility.

Patient Signature: _____ I do not want Natera One.

I do want Natera One.

Partner/Spouse Signature: _____ I do not want Natera One

I do want Natera One.

Date: _____

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_____*(please initial)* I have received the testing for the Natera One Multi Disease Carrier Screening and understand that I am responsible for payment to Natera.

Printed Patient Name

Printed Partner/Spouse Name

Patient Signature

Date

Partner/Spouse Signature

Date