

Consent form for NIPT test

I have been fully explained about the followings regarding Non-Invasive Prenatal Genetic Testing (NIPT).

*Please check each items listed below that you understand and accept.

- ☐ Overview of NIPT
- ☐ What is a chromosome?
- ☐ What NIPT can and cannot tell
- ☐ The relationship between maternal age and the frequency of births of trisomic children
- ☐ Our diversity and congenital diseases
- ☐ Characteristics of the diseases that are subject to testing
- ☐ It costs 143,000 yen and out-of-pocket medical care
- ☐ The data of your specimen will be regularly reported to the steering committee without personal information
- ☐ If the test result is “positive” or the “pending”, you need to receive more detailed genetic counseling at Hyogo Children's Hospital and take appropriate measures.

I have received an explanation from my doctor about all the above matters and fully understand them, so I hereby consent to the test.

Year Month Date

Patient signature:

Partner/spouse signature:

Physician signature:
