



California Prenatal Screening Program Order Form

Patient Consent Language in English

Patient Consent:

By signing below, you provide consent to obtain prenatal screening tests that will be sent to a laboratory contracted with the state's prenatal screening program.

- I give my consent to participate in the Prenatal Screening Program.
- I authorize the release of medical information or any other necessary personal information for the medical insurance claim.
- I authorize payment of benefits to the Genetic Disease Screening Program (GDSP) for their services rendered to me.
- I consent to be directly charged for costs for services rendered to me in case of not having Medi-Cal or medical insurance coverage.
- I have told my provider if I want to know the sex of my baby (developing fetus) through the Prenatal Screening Program.

Patient/Authorized Person Signature:

Date:

Statement that verbal consent has been obtained:

Provider/Representative Name:

Relationship to the patient: