

OB/GYN Women's Health Center

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**INSTRUCTIONS FOR PATIENTS FOR ALPHA FETAL PROTEIN (AFP4)
CONSENT FORM FOR REFUSAL OF AFP4**

Due to the nature of **AFP4-Extra (4) testing**, it is important that the results be obtained in a timely fashion. Therefore, we are recommending that you have your testing done during the sixteenth (16th) week of your pregnancy, if it is at all possible. We ask you to call the office **ten (10) days** after having your blood drawn so that the office staff may determine whether we have received the report. If we have not received the report, we will therefore know that we must search for it. If we have received the report, then a nurse or physician can review the results of the test with you. It is very important that you comply with our request to call the office **ten (10) days** after your **Alpha Fetal Protein** testing is drawn. Thank you for your cooperation.

CONSENT FORM (only for patients refusing AFP4 testing)

Dear Doctors:

I understand that you have counseled me about the usefulness of **Alpha Fetal Protein** testing for my pregnancy. I understand that this testing allows the physicians to detect open spine defects in ninety percent of the cases. I have been counseled that if an open spine defect occurs, significant benefit in terms of reducing the risk of death related to infection or disability related to infection could be accomplished for-my-baby if this condition were diagnosed prior to delivery. I have also been told that an elevated AFP4 level not caused by an open spine defect is associated with problems in placental function later in my pregnancy. Checking fetal heart rate patterns and measuring amniotic fluid levels are some of the tests that could help provide reassurance that my baby is not suffering as a result of a placental problem. If AFP4 testing is not performed, I realize that my physicians will not know that the problem exists and therefore will not know to do these specific tests. The baby could suffer significant growth problems or even die in the uterus as a result of this undetected placental problem. In spite of this information indicating that there are two important ways that AFP4 can help prevent disability and death, thereby optimizing outcome for my baby, I still do not accept AFP4 testing for this pregnancy.

Patient _____ **Signature** _____

Witness _____ **Dat** _____