הסכמה לבדיקת שקיפות עורפית - הצהרת הנבדקת

CONSENT FORM: NUCHAL TRANSLUCENCY

Nuchal translucency examination is an ultrasound examination carried out on a pregnant woman for **assessment of the risk** of Down's syndrome and additional abnormalities.

According to the guidelines of the Ministry of Health nuchal translucency is the recommended screening examination to detect Down's syndrome in pregnancies with multiple fetuses. The examination may also be carried out according to the same principles for a single fetus.

I have been informed that the examination will be performed on me for:

- ☐ Pregnancy of multiple fetuses
- ☐ Medical referral – detail the reason_____
- ☐ At my request and my initiative

The examination is carried out between 11 –14 weeks of pregnancy by the abdominal or vaginal approach according to the decision of the examining physician.

During the examination, the thickness of the tissue under the skin of the nape of the neck of the fetus is measured. The combination of findings of the examination and the background risk deriving from the mother's age **enables the assessment of the weighted statistical risk** of Down's syndrome. The examination **cannot exclude** Down's syndrome or chromosomal disturbances **absolutely**.

In a pregnancy with one fetus the result can be combined with additional markers in the blood of the mother according to the recommendations of the treating physician/genetic consultant.

I have been informed that if a high level of risk for Down's syndrome has been found, it may be necessary on the recommendation of a genetic consultant to carry out invasive examinations. At this stage of the pregnancy it is possible to reach a definite diagnosis of Down's syndrome or additional chromosomal disturbances, only by invasive examinations (amniocentesis or chorionic villous biopsy).

I have also been informed that in the case of nuchal translucency above 3 mm, there is an increased risk of additional abnormalities (other). In such cases there may be a need, at the discretion of the treating physician/genetic consultant to carry out additional examinations such as: fetal echocardiography, extensive screening, or take different measures.

I have been informed that a result indicating a low level of risk does not negate a recommendation for an invasive procedure for other reasons such as: age of the woman, defects in the past etc., and in any case a genetic consultant is the qualified person for consultation, recommendation and determining whether the woman is eligible for an invasive procedure. I have also been informed that the examination does not replace other examinations such as: fetoprotein as a screening test for open defects of the nervous system.

I have been informed that a **nuchal translucency examination is not a systems screen.**

I have been informed that in every case I am to consult the treating physician with the examination results.

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After I have understood all of the above, I hereby consent to the examination with the limitations appearing above.
For your attention: Nuchal translucency examination in a pregnancy with multiple fetuses is included in the "basket of health services." It is possible to carry out the examination in a pregnancy with a single fetus when there is a medical indication, or without an indication at the expense of the woman.

Name	ID No.	Signature	Date

Signed in the presence of:

First and Last Name	Role	Signature	Stamp

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