

California Prenatal Screening Program Decline of cfDNA Screening Form

It is your choice whether you want prenatal screening offered by the California Prenatal Screening (PNS) Program. Your prenatal care provider will review the prenatal screening process and answer any questions you may have so you feel ready to make your decision. If you decide not to have one or both screenings offered by the PNS Program, you will sign and date a separate decline form for each of the two screenings.

Summary of key points to remember as you consider your final decision on whether you want one or both screenings offered by the PNS Program.

1. The PNS Program offers prenatal screening to identify these birth defects: Down syndrome, trisomy 18, and trisomy 13 through cell-free DNA or cfDNA screening. Screening is not 100% accurate in finding birth defects.
2. There are separate program fees for each of the two screenings, cfDNA screening and MSAFP screening. Medi-Cal and private insurance must cover all program fees, with only a few exceptions for self-insured employers and out-of-state health plans. If the fees are not covered, or you do not have Medi-Cal or health insurance, you must provide full payment.
3. If the screening result shows an increased chance of a birth defect, you can talk to your provider and decide if you want follow-up services. Follow-up services include genetic counseling to learn about follow-up options, an ultrasound examination, and diagnostic testing, either chorionic villus sampling or amniocentesis. It is possible to have normal results after diagnostic testing.
4. If your prenatal provider requests additional genetic screening or testing, outside of the PNS Program, separate test request forms and fees will be required. Follow-up services will not be available through the PNS Program for the additional screenings or testing.

If patient declines cell-free DNA or maternal serum alpha-fetoprotein screening

- Either patient or patient's representative, including provider, must sign and date form.
- The provider must file the signed form in the patient's medical record and provide a copy of the signed form to the patient.

cell-free DNA (cfDNA)	
I Decline cfDNA Screening	I decline to have blood drawn for cfDNA screening offered by the California Prenatal Screening Program. Signed: _____ Date: _____ <input type="checkbox"/> Attestation that verbal decline from patient was received. Provider/Representative Name*: _____ Relationship to Patient*: _____ (Please print) (Please print)