



Reproductive Genetic Assessment Fact Sheet

What are the benefits of having a genetic assessment?

- To assist you in understanding genetic risks concerning your health, your reproductive history, and/or your family's health.
- Review your family history for inherited conditions.
- Identify and inform you of appropriate tests available based on your genetic history.
- Discuss the advantages and disadvantages of various types of genetic testing.
- Answer your questions and get your consent to conduct any tests you might choose.
- Explain your genetic test results to you and how they pertain to your health, your reproduction, and your family.

Who should have a genetic assessment?

Individuals who:

- Are concerned about reproductive issues.
- Have a history of infertility.
- Are considering pregnancy and are in their mid-30s or older.
- Have an abnormal genetic test result.
- Have a history of multiple miscarriages.
- Are considering Intra-cytoplasmic Sperm Injection (ICSI).
- Are considering Preimplantation Genetic Diagnosis (PGD).
- Are considering being a gamete (egg or sperm) donor.
- Have a family history of an inherited condition (cystic fibrosis, sickle cell anemia, fragile X, muscular dystrophy, etc...).
- Were born with or have a child or other relative with a birth defect, developmental delay, or mental retardation.
- Have questions or concerns about the risk for birth defects or inherited conditions in their children.
- Would like more information about the availability of genetic testing.

Who does the genetic assessment?

- A board certified genetic counselor with a Masters of Science degree in Human Genetics
- The genetic counselor works under the supervision of a board certified M.D. medical geneticist
- A genetic counselor will do a detailed analysis of your family and medical history, and will provide you with an in depth discussion of the benefits, risks, and limitations of the genetic tests and procedures available to you based on your medical and family histories.
- Each genetic risk assessment is provided to you in writing.

What about insurance reimbursement?

LabCorp is a company that works with your doctor in providing genetic assessment/genetic counseling and genetic testing services. **Charges for LabCorp's services are separate from those incurred by visiting your physician.** LabCorp will be happy to file a claim with your insurance carrier upon presentation of necessary insurance documentation. You will be responsible for payment of any remaining balance after insurance benefits have been applied, including any deductibles or coinsurance responsibility you may have. It is suggested that you contact your insurance provider in advance to verify that your benefits include genetic counseling and/or genetic testing based on your referral indication. If you have additional billing questions after talking with your insurance provider, feel free to contact the Northeast Division of Genetic Services at LabCorp at (888) 699-2078.

Please sign below and check the appropriate box:

I have read the above information and am informed of the benefits and risks of genetic counseling.

- I am interested in genetic counseling.
- I decline genetic counseling at this time.

Signature _____
Date _____

Witness _____
Date _____



REPRODUCTIVE FAMILY GENETIC ASSESSMENT

Name: _____ Birth date: _____ Occupation: _____
 Spouse/Partner's Name: _____ Birth date: _____ Occupation: _____

General (check yes where appropriate):

Yes

- Will you or your partner be 35 (female) or 40 (male) or older by the end of this year?
- Are you or your partner related to each other – other than by marriage?
- Have you or your partner had two or more miscarriages, or a stillbirth, in this or any prior relationship?

How would you identify yourself and your partner?

You Partner

- Caucasian
- African American, African ancestry, Puerto Rican, Caribbean, Central America
- Jewish, French Canadian, Cajun.
- Italian, Greek, Spanish, Mediterranean, Middle Eastern
- Hispanic, Mexican.
- Asian, Chinese, Taiwanese, Filipino, Korean, Southeast Asian, Asian Indian
- Other (please specify): _____

Do you, your partner or anyone in your families have any of the following conditions?

- Birth defects
 - Infertility, multiple miscarriages
 - Baby who died after birth or within first year
 - Mental retardation
 - Autism
 - Down syndrome
 - Other chromosome problem _____
 - Spina bifida/Anencephaly (opening in spine/head)
 - Deafness/hearing loss
 - Seizure disorder
 - Cancer
 - Diabetes
 - Heart disease
 - Neurological problems (Alzheimers, dementia)
 - Neuromuscular problems (Charcot Marie, ataxia)
 - Kidney problems
 - Problems with excessive bleeding or clotting
 - Short stature
 - Blindness
 - Unexplained liver disease
 - Chronic obstructive respiratory disease (COPD)
 - Emphysema
 - Problems with iron metabolism (hemochromatosis)
 - Family member who died unexpectedly <age 50?
 - Multiple family members with the same health problem?
 - A health problem with onset before age 50?
 - One of the conditions listed below: (please circle)
- | | | |
|--------------------|--------------------|---|
| Cystic Fibrosis | Tay-Sachs disease | Huntington disease <input type="checkbox"/> |
| Sickle cell anemia | Hemophilia | Thalassemia |
| Fragile X syndrome | Muscular dystrophy | Neurofibromatosis |
- Other inherited condition: _____

Please check any of the following you or your partner have been exposed to during the past year: (please provide details)

- Medication(s): _____
- Cigarettes: _____
- Alcohol: _____
- Fever/Infection _____
- Recreational drugs: _____
- Raw meat/fish or under cooked meat/fish: _____
- Any bleeding or spotting during pregnancy _____
- Eat fish frequently (more than 12 oz. per week)
- X-rays/radiation: _____
- Vitamins (other than prenatal) or herbal supplements _____
- Pets: _____
- Sauna or hot tub _____

Is there any other information you feel your health care provider should know about your medical family history?

I have answered the above questions to the best of my knowledge. Signature: _____ Date _____

For office use only: Reviewed by _____ Date _____

- No referral necessary
- Refer for genetic counseling
- Refer for genetic screening for _____