

Patient's Name: _____
Chart Number: _____

Hospital: _____
Date: _____

**INFORMED CONSENT FORM
FOR PRENATAL AND INTRAPARTAL PATIENT'S
URINE TOXICOLOGY SCREENING**

I, _____ have read or had read to me and understand the following:
(Patient's name)

- * My physician/midwife, _____ has informed me that a urine
(Physician/midwife's name)
toxicology screen is necessary at this time because of the nature of my condition,

(nature of medical condition)
- * I have been informed of and I understand the risks, benefits and potential adverse consequences related to urine toxicology screening.
- * I further understand that this test will enable my physician/midwife to provide proper medical care both to me during and after my pregnancy, and to my newborn baby.
- * I understand that the initial screening test shall use a process called immunoassay which meets the requirements of the Food and Drug Administration for this use.
- * If my initial screening test is positive, I further understand that all positive test results on the initial screen shall be confirmed using gas chromatography/mass spectrometry.
- * I have been advised that a confirmed positive toxicology result will be recorded in my medical record and will be afforded the same confidentiality as other information in my medical record.
- * I understand that a confirmed positive toxicology result may suggest the need for a newborn toxicology screen, which may be ordered and obtained from my baby, after my baby is born.

- * I have been informed that if the newborn toxicology test is confirmed positive, the Child Welfare Administration will be notified and will conduct an investigation. This investigation may result in a family court proceeding for child neglect and/or abuse which could result in the removal of my infant from my care and custody.
- * I understand that a confirmed positive toxicology result may indicate the need for drug/alcohol treatment and a referral for treatment will be provided to me by my health care provider.

I have read or had read to me the information on this consent form. I have been given a chance to ask questions about urine toxicology screening, and the risks, benefits and consequences involved. My questions have been answered to my satisfaction, and I am signing this consent form voluntarily.

Patient's signature

Date

[Print patient's name]

Witness's signature

Date

[Print witness's name]

PHYSICIAN/NURSE MIDWIFE'S CERTIFICATION

I, _____ certify that I have explained the indication for urine
 (Physician/midwife's name)
 toxicology screening and the risks, benefits, and potential adverse consequences. It is my
 opinion that _____ understands what I have explained to her, and that by signing
 (Patient's name)
 this consent form, she has voluntarily agreed to be screened.

Physician/Nurse midwife signature

Date

[Print Physician/Nurse Midwife's name]