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]

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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]
9/93