

cfDNA Prenatal Screening Order

Patient & Blood Draw Instructions

Patient Instructions

1. Review “California Prenatal Screening Program Patient Booklet”:
 - ✓ Confirm your consent to participate in the Prenatal Screening Program.
 - ✓ Review privacy statement section of the booklet.
2. Complete the “Patient Consent” section with signature and date on the “cfDNA Electronic Order & Consent” or “cfDNA Screening Order Form”.
3. Bring all the pages of this order to the blood draw station, which includes:
 - ✓ “cfDNA Order Patient & Blood Draw Instructions” (this page)
 - ✓ “cfDNA Electronic Order & Consent” or “cfDNA Screening Order Form” filled, signed, and dated.
 - ✓ Copy of insurance card.
4. Test results will be mailed to your clinician about ten days after your blood is drawn.
5. If insurance information is not included, in a few weeks, you will receive a bill for the prenatal screening test.

Blood Draw Instructions

For protocols regarding blood draw instructions for specific cfDNA tests, please refer to:

<https://calgenetic.cdph.ca.gov/resources/>

cfDNA Prenatal Screening Order

Requirements & Clinician Instructions

Requirements To Place A cfDNA Order

A cfDNA order may be requested if all the following conditions for this pregnancy are true:

- Less than 3 fetuses.
- No known fetal demise. (e.g., demise of one fetus of twin pregnancy, vanishing twin, molar pregnancy, fetal pole no longer present, or ectopic fetus)
- No fetal reduction.
- No diagnosis of a chromosomal fetal anomaly.
- No successful diagnostic test for chromosomal fetal abnormalities such as karyotype/microarray from CVS (chorionic villus sampling) or amniocentesis.
- No solid organ transplant has occurred for pregnant individual.
- No active maternal malignancy.
- No previous positive, negative, or atypical cfDNA result through the California Prenatal Screening Program.

Clinician Instructions

1. Review the “California Prenatal Screening Program Patient Booklet” with patient. Obtain the consent/decline signature and date from the patient.
2. Confirm “Patient Consent” section has been completed with signature and date on the “cfDNA Electronic Order & Consent” or “cfDNA Screening Order Form”. Have patient sign and date if not complete.
 - a. When completing the “cfDNA Screening Order Form”, use the Gestational Age Calculator found at <https://calgenetic.cdph.ca.gov/resources/> to complete the Estimated Due Date.
 - b. “cfDNA Electronic Order & Consent” can be downloaded from the Portal after successfully submitting an order. Must be printed at 100% scale on label paper provided by GDSP.
3. Make a copy of the patient’s insurance card. If an electronic order, apply the barcode sticker from the “cfDNA Electronic Order & Consent” to the copy of the insurance card.
 - a. Ensure the electronic order’s Insurance section matches the patient’s insurance card printout.
4. Print these instructions on individual pages (not front and back).
5. Assemble packet for the patient, which includes:
 - ✓ “cfDNA Order Patient & Blood Draw Instructions” page.
 - ✓ “cfDNA Electronic Order & Consent” or “cfDNA Screening Order Form” completed by the patient with signature and date.
 - ✓ Copy of insurance card (with barcode sticker attached if electronic order).
6. Give the patient the above packet and instruct them to bring it when they get their blood drawn.