



PRENATAL EDUCATION RELEASE

- _____ I acknowledge I have been informed about the options of collecting and preserving my newborn's umbilical cord blood.
- _____ I fully understand that should I wish to obtain additional information about umbilical cord blood preservation, or to elect this option, this responsibility will be solely and completely my own.
- _____ I acknowledge that I have been given information about the risks of eating fish during my pregnancy.
- _____ I have received information about prenatal screening to review in order to make an informed decision about this testing option.
- _____ I understand that California State law requires medical care providers to screen every pregnant woman for HIV as part of the standard prenatal panel. Additionally, I acknowledge I have the right to refuse this testing.
- _____ I have received information about new born screening options.
- _____ I have received information about Cystic Fibrosis screening, 1st Trimester screening, and tests recommended to pregnant women over age 35.

Patient Signature _____ Date _____