

Ethnicity Questionnaire for Genetic Screening

At USC Fertility we recommend preconception genetic screening for all of our patients, regardless of ethnicity. However, your ethnic background will determine what type of testing we do.

Patients Name: _____

Please check which ethnic background(s) applies to **you**:

<input type="checkbox"/>	Caucasian- Southern European (Italian, Greek)
<input type="checkbox"/>	Caucasian- Northern European (British, German, Irish)
<input type="checkbox"/>	Asian- East (Chinese, Korean, Japanese)
<input type="checkbox"/>	Asian- South Asian (Indian, Pakistani)
<input type="checkbox"/>	Asian- South East Asian (Filipino, Vietnamese)
<input type="checkbox"/>	Hispanic/Latino
<input type="checkbox"/>	Indian
<input type="checkbox"/>	African American
<input type="checkbox"/>	Ashkenazi Jewish
<input type="checkbox"/>	Middle Eastern
<input type="checkbox"/>	Native American
<input type="checkbox"/>	French Canadian/Cajun
<input type="checkbox"/>	Pacific Islander
<input type="checkbox"/>	Unknown
<input type="checkbox"/>	Other (please specify)
<input type="checkbox"/>	Decline to state

Partners Name: _____

Please check which ethnic background(s) applies to **your partner**:

<input type="checkbox"/>	Caucasian- Southern European (Italian, Greek)
<input type="checkbox"/>	Caucasian- Northern European (British, German, Irish)
<input type="checkbox"/>	Asian- East (Chinese, Korean, Japanese)
<input type="checkbox"/>	Asian- South Asian (Indian, Pakistani)
<input type="checkbox"/>	Asian- South East Asian (Filipino, Vietnamese)
<input type="checkbox"/>	Hispanic/Latino
<input type="checkbox"/>	Indian
<input type="checkbox"/>	African American
<input type="checkbox"/>	Ashkenazi Jewish
<input type="checkbox"/>	Middle Eastern
<input type="checkbox"/>	Native American
<input type="checkbox"/>	French Canadian/Cajun
<input type="checkbox"/>	Pacific Islander
<input type="checkbox"/>	Unknown
<input type="checkbox"/>	Other (please specify)
<input type="checkbox"/>	Decline to state

Please see back side

Genetic Screening at USC Fertility

Of the hundreds of diseases that we may acquire in our lifetime, many of them are related to defective changes in our genetic code (DNA). Mutations in specific genes within our DNA can cause alterations in our body functions resulting in specific diseases, which can have limited or severely life altering affects.

We have two copies of every gene, one from each parent. A person is considered a "carrier" when they carry the genetic mutation but do not have any medical symptoms of the disease (typically that person has one defective copy and one normal copy). A carrier can pass down the defective gene to their child. Carriers are often identified only by a specific genetic test. Many genetic disorders are double-recessive, which means both you and your partner would have to be carriers for your baby to possibly have the disease.

Carrier status for a recessive disease is commonly passed silently from generation to generation, and depending on the disease is more prevalent in families of a certain ethnicity. Therefore, you may be at an increased risk of getting or passing on a genetic disorder because of your ethnic background.

We are currently recommending ethnic based genetic screening for all of our patients. Genetic screening and counseling before pregnancy may reassure a couple that their children are not at increased risk for a specific inherited disease.

There is no single test that will detect the risk of any genetic disease in a couple's offspring. No medical test is 100% accurate, and many diseases may have causes (genetic or otherwise) that are currently unknown, and therefore can not be tested for currently. Therefore, all genetic testing should be considered risk reducing and not risk eliminating. In addition, birth defects may occur that are not genetically based (e.g., environmental and toxic exposure, or random and unexplained) and may not be detected with genetic screening.

If you are concerned about your genetic family history, a genetic counselor may be helpful to identify what your specific risks may be and to determine which tests are the most appropriate. Therefore, we recommend not only speaking with your physician, but a genetic counselor as well if you know or suspect that you may be a carrier of a genetic disorder.

- ☐ I agree to undergo genetic testing according to the recommendations of my physician
- ☐ I do not wish to undergo genetic testing or wish to only undergo partial genetic testing recommended by my physician and I understand the consequences of this decision.

PATIENT NAME (Print)

PATIENT SIGNATURE

DATE

Your signature above indicates that you have read the entire preceding document and that you have had an opportunity to ask questions, and that your questions have been answered to your satisfaction.