

Chorionic Villus Sampling (CVS) Test

Patient Information	
Name:	Date of Birth:
Stage of Pregnancy:	Test Date:
Lead Maternity Care Provider:	Test Referral by:
Current Health Status (note any symptoms regarding pregnancy or illness)	
Previous Medical History (include family history for conditions e.g., chromosomal abnormalities, Down syndrome)	
Would you like to know the sex of the baby during this procedure:	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
CSV Test Consent	
<ul style="list-style-type: none">• I have discussed the test with my healthcare provider• I understand the risks and results that may occur with the procedure• I understand that I can opt out of the procedure any time prior to the placenta tissue extraction	
Signed: _____ Date: _____	
Additional Notes (note any concerns or questions you have)	

CVS Test Results

CVS Test Results (completed by practitioner)	
Patient Name:	Practitioner Name:
Test Date:	Stage of Pregnancy:
Date of Results:	
Results	
<ul style="list-style-type: none">• Normal• Positive••	
Additional Notes and Recommendations	