

# Chorionic Villus Sampling (CVS) Test

Patient Information	
Name:	Date of Birth:
Stage of Pregnancy:	Test Date:
Lead Maternity Care Provider:	Test Referral by:
<b>Current Health Status</b> (note any symptoms regarding pregnancy or illness)	
<b>Previous Medical History</b> (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	
<b>CSV Test Consent</b>	
<ul style="list-style-type: none"><li>• I have discussed the test with my healthcare provider</li><li>• I understand the risks and results that may occur with the procedure</li><li>• I understand that I can opt out of the procedure any time prior to the placenta tissue extraction</li></ul>	
Signed: _____ Date: _____	
<b>Additional Notes</b> (note any concerns or questions you have)	

# CVS Test Results

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