Santé et Services sociaux Québec

DT9189

Québec Prenatal Screening Program (QPSP)

QPSP provides pregnant women with prenatal screening for trisomy 21 although it might also detect trisomy 18 or 13 during pregnancy.

☐ **Check if the back of each copy has been stamped by the professional.**

Family name

First name

Year Month Day

Date of birth

Health insurance No.

Address | Postal code

Area code

Telephone No.

Prescriber responsible for monitoring the results

Authorized professional	Prescriber No.
Job title	
Address	Area code Telephone No.
Signature	Area code Fax No.

cc: Professional

Address	Prescriber No.
Area code Telephone No.	Area code Fax No.

CONSENT TO PARTICIPATE IN THE QPSP

Screening test and information sharing: By agreeing to take part in the Québec Prenatal Screening Program, I consent to specimen collection and an ultrasound, as needed, and authorize laboratory professionals (at CHU de Québec–Université Laval or CHU Sainte-Justine depending on your location) to conduct prenatal screening tests. If a higher risk is indicated, a non-invasive prenatal genomic testing (NIPGT) for detection of trisomy 21, 18 and 13 will be offered.

For screening program quality evaluation and monitoring purposes:

- I agree to have the contents of this form, the results of the screening, and information on the outcome of my pregnancy (see reverse for details) sent to the Minister of Health and Social Services.
- I authorize Institut de la statistique du Québec (ISQ) to contact me as part of a survey on participant satisfaction.

My personal information will be kept confidential for two years in a centralized data bank under the responsibility of the minister. It will then be destroyed. Non-personal information that cannot be identified with me will, however, be kept and used for QPSP assessment purposes.

To make an informed decision about participating in QPSP, be sure to get the information and explanations you need in order to understand the program. See the leaflet you were given and ask your health professional.

Voluntary participation:

- I acknowledge that the information and explanations required for my understanding of the program have been given to me by a health professional.
- I also acknowledge that I have read and completely understood the information pamphlet given to me.
- I understand that my participation is voluntary and that I may refuse or accept the prenatal screening test.
- My refusal will not affect the care and support that I will receive.

☐ **I have received all the necessary information and I ACCEPT in a free and informed way to participate in the QPSP.**

☐ **I have received all the necessary information and I REFUSE in a free and informed way to participate in the QPSP.**

Signature of pregnant women, 14 years of age and above		**Date**	Year Month Day
Signature of authorized person: _____ **(to fill only if pregnant woman is *under 14 years of age or unable* to consent)**		**Status** ☐ Holder of parental authority ☐ Tutor ☐ Person in charge	

Clinical information

Date of last menstrual period (LMP) Year Month Day

Expected date of delivery (EDC) Year Month Day

Weight: _____ kg _____ lbs.

Insulin-dependent diabetes ☐ No ☐ Yes (excluding gestational diabetes)

In vitro fertilization (IVF) ☐ No ☐ Yes If yes, date of transfer Year Month Day

IMPORTANT: for IVF using donor or patient eggs, age of donor or patient at time of retrieval: _____ years.

Previous pregnancy with trisomy 21, 18 ou 13? ☐ No ☐ Yes ***If yes, do not perform biochemical analysis and refer the user for a NIPGT***

Ultrasound information

Upcoming ultrasound ? ☐ **No** ☐ **No, ultrasound not available** ☐ **Yes** ☐ **Unknown**

Twin pregnancy ☐ No ☐ Yes ***If yes, do not perform biochemical analysis and refer the user for a NIPGT***

Date of ultrasound Year Month Day CRL: _____ mm BPD: _____ mm

Nuchal translucency: _____ mm (include ultrasound report) Gestational age based on ultrasound: _____

Name of sonographer	Signature	Area code Telephone No.	Practice No.

Biochemical screening

☐ First trimester screening (weeks 10^0-13^6) **OR** ☐ Second trimester screening (weeks 14^0-20^3)

Blood collection centre (name and address)		
Blood collector name and first name		Practice No.
Blood collector signature		**Sample collection date** Year Month Day

Outcome of pregnancy

The information on the **outcome of the pregnancy** (birth, miscarriage, voluntary termination of pregnancy, congenital anomalies, stillbirth) will be obtained from Québec's cytogenetics laboratories and the MED-ÉCHO medical hospital data system and I-CLSC data system.

Cytogenetics laboratories arrive at a diagnosis by looking for anomalies in the number and structure of the chromosomes of an individual. In Quebec, cytogenetics laboratories are located at the CHU de Québec - Université Laval, the Centre hospitalier universitaire Sainte-Justine, the Centre hospitalier universitaire de Sherbrooke and the Centre universitaire de santé McGill.

The MED-ÉCHO data system is a data bank of the ministère de la Santé et des Services sociaux that contains clinical and administrative personal information on the care and services provided to a person who was admitted or registered for same-day surgery in a Québec hospital centre.

The I-CLSC data system is an administrative data bank of the ministère de la Santé et des Services sociaux. It collects various kinds of information on requests for services provided by CLSCs, as well as data on interventions conducted.

Identification of professional