



OB/GYN Specialists of Brevard

Edwin B. Hayes, M.D.



Obstetrics and Gynecology

1555 West Nasa Blvd. Melbourne, FL 32901 Phone: 321-733-2201 Fax: 321-733-2202

www.obgyspecialistsofbrevard.com

PRENATAL LAB WORK

To help us provide you with comprehensive prenatal care, the following lab tests will be done with your written consent:

- CBC (Complete Blood Count)
- Blood Type and Rh Factor
- Antibody Screen
- Rubella Titer
- Hepatitis Antigen
- RPR (Syphilis)
- Routine Urine & Culture
- Urine Drug Screen
- CF Screen
- HSV

The tests cited below are necessary if you fit the ancestry descriptive or non-immune category for this test. Please check *yes* or *no* next to the test(s) needed:

<u>TEST</u>	<u>DESCRIPTIVE</u> Necessary if you OR the baby's father is:	YES	NO
Tay Sachs Screen	French Canadian or Jewish Ancestry		
Varicella Titer	Have you ever had Chicken Pox?		
Sickle Cell Screen and/or Hemoglobin Electrophoresis	Are you or the baby's father of African American or Mediterranean descent?		
HIV Screen -An HIV Screen is a test to determine if an individual is infected with the virus.	Recommended to allow medication to be given to patient to reduce risk of transmission of HIV to the fetus. I, _____, now _____ years of age hereby acknowledge that Dr. Hayes has explained to me a Human Immunodeficiency Virus (HIV) or AIDS test, its purpose, potential uses, limitations and the meaning of its results. I hereby authorize and consent to the taking of blood from me for the purpose of conducting an HIV test. I understand that a second or confirmatory test may be necessary before any test results are released (whether positive or negative). I will be provided with an opportunity for face-to-face counseling.		

I consent for the above test to ordered.

SIGNATURE OF PATIENT (OR PARENT, IF A MINOR)

DATE _____

WITNESS

DATE _____