

FISH consent

I confirm that I have requested that the laboratory perform FISH as part of diagnostic testing on my CVS/Amniocentesis sample.

I understand this costs **extra*** and there is no Medicare rebate.

My FISH test result will be given to my doctor within 2 business days.

*5 probe FISH - \$189 | 6 probe FISH - \$209

Signed: _____

Date: _____

Affix patient label here