

166 East 5900 South B-104
Murray, Utah 84107

Office 801-265-1266
Fax 801-265-0755

WOMEN'S HEALTHCARE THROUGH THE LIFE SPAN

**JULIE JONES CNM, MS
MANDY JOHNSON WHNP, MS
OB LABS**

These are the routine and optional OB labs done in our office. The routine labs are the standard of care in my practice which is in line with the National Standard of Care. The optional labs are standard of care also but they are not recommended as routine at this time.

ROUTINE OB LABS

OB PANEL includes: (blood draw)

- ABO & Rh Type
- Antibody Screen
- Serology
- Rubella Screen
- Hepatitis B Surface Antigen
- CBC

Chlamydia and Gonorrhea (urine)

HIV (blood)

Urine Culture

Pap Smear will be done if one has not been done within 8-12 months

1 Hour Glucola Screen and hemoglobin at 28 Weeks (blood)

Group A and B strep vaginal culture at 35-37 weeks

OPTIONAL ROUTINE LABS

Quad Alpha-fetoprotein Screen at 15-18 weeks (blood)

Cystic Fibrosis Screen (blood)

Chicken Pox screen (blood)

I have read this notice and understand I will have these labs done during my pregnancy.

Client Signature: _____ Date: _____

OB Lab Waiver

I choose not to have the following labs done:

ROUTINE OB LABS

____ OB PANEL includes: (blood draw)

- ABO & Rh Type
- Antibody Screen
- Serology
- Rubella Screen
- Hepatitis B Surface Antigen
- CBC

____ Chlamydia and Gonorrhea (urine)

____ HIV (blood)

____ Urine Culture

____ Pap Smear will be done if one has not been done within 8-12 months

____ 1 Hour Glucola Screen and hemoglobin at 28 Weeks (blood)

____ Group A and B strep vaginal culture at 35-37 weeks

OPTIONAL ROUTINE LABS

____ Quad Alpha-fetoprotein Screen at 17-18 weeks (blood)

____ Cystic Fibrosis Screen (blood)

____ Chicken Pox screen (blood)

By signing below, I understand that I will not have these labs drawn. I

also understand the risks and consequences that may adversely affect my pregnancy and baby which may include a severe illness and/or death, if I have the above illnesses but do not want to be tested for them. I understand that Julie's office is not liable for my decision.

Client Signature: _____ Date: _____