

## AMNIOCENTESIS or CHORIONIC VILLOUS SAMPLING (CVS) CHECKLIST

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### PRIOR TO PROCEDURE

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Genetic Counseling completed</li> <li><input type="checkbox"/> Indication for procedure documented</li> <li><input type="checkbox"/> Review of History, Medications, and Imaging</li> <li><input type="checkbox"/> Review of Available Labs           <ul style="list-style-type: none"> <li>– Rh status</li> <li>– Antibody Screen</li> <li>– HIV</li> <li>– Hepatitis B</li> <li>– Hepatitis C (<i>if appropriate</i>)</li> <li>– 1st trim. Gonorrhea/Chlamydia (CVS only)</li> <li>– Additional center-specific labs _____</li> <li>_____</li> <li>_____</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Planned Genetic Test(s)           <ul style="list-style-type: none"> <li>– Karyotype</li> <li>– Chromosomal microarray</li> <li>– FISH</li> <li>– Molecular / Biochemical (eg. AFP, 7-DHC)</li> <li>– Other (eg. infection studies)</li> </ul> </li> </ul> <hr style="width: 100%;"/> <ul style="list-style-type: none"> <li><input type="checkbox"/> Specialty Tests or Instructions           <ul style="list-style-type: none"> <li>– Maternal cell contamination requested</li> <li>– Sample size requested</li> <li>– Specialty Lab send out</li> <li>– Special handling requested</li> </ul> </li> </ul> |
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### PRE-PROCEDURE TIME OUT

- Confirm identity of patient
- Confirm procedure to be performed
- Validate correct identification on signed consent and specimen labels
- Review relevant allergies (e.g. betadine, chlorhexidine, latex, local anesthesia)
- Planned sample, sample size, and intended tubes
- Multifetal gestations: appropriate labeling of trays/tubes

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### AFTER PROCEDURE

- Physician reviews specimen labeling with patient
- Multifetal gestations: appropriate documentation of sac/placenta locations (diagram if applicable)
- Patient received post procedure instructions (warning symptoms, contact information)

Assess Rh D immune globulin need (select one)

- Rh POS: ***Rh D immune globulin not indicated***
- Rh NEG: ***Rh D immune globulin given***
- Rh NEG, FOB Rh NEG (certain paternity): ***Rh D immune globulin not indicated***
- Rh NEG, but Rh(D) alloimmunized, ***Rh D immune globulin not indicated***

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### NOTES