Pre-natal screening for chromosomal abnormalities, premature birth and pre-eclampsia

I, the undersigned, confirm that I have received clear and sufficient explanations about the possibilities of:

1. **Screening for chromosomal abnormalities**

   I do **not** require any test in this area.
   I require a **risk calculation** for Trisomia 21 (Down’s syndrome), trisomia 18 and trisomia 13 for this baby.

   I have opted for:
   - **A combined first trimester screening** (between 11½ and 13 ½ weeks) = ultrasound test of the ‘neck fold thickness measurement’ and blood sample from the mother (85-90% sensitive).
   - **A NIPT test**: blood sample from the mother with detection and risk of T21 (99% sensitive).

   I require **certainty** (100% sensitive) to exclude Down’s syndrome (trisomia 21) and other major structural chromosomal abnormalities for the baby.
   This means: I want an invasive diagnostic test (0.5-1% miscarriage risk) by means of:
   - A **flank test** (chorionic villus sampling) after 11 weeks of pregnancy
   - An amniotic fluid puncture (amniocentesis) after 15 weeks of pregnancy

2. **Screening for premature birth (1st continuous pregnancy)**

   I do **not** require any test in this area.
   I require a **risk calculation** for premature birth by means of a transvaginal cervix measurement around 20 weeks.
   I understand that this test does not exclude premature birth (even with a very low risk).

3. **Screening for pre-eclampsia (1st continuous pregnancy)**

   I do **not** require any test in this area.
   I require a **risk calculation** for pre-eclampsia by means of a transvaginal Doppler measurement around 20 weeks.
   I understand that this test does not exclude pre-eclampsia (even with a very low risk).

I have received sufficient information about the risks and limitations of these tests.
I am also aware of the regulations regarding reimbursement of such tests (see reverse) and what I have to pay myself.

Signature: ___________________________
Date: ______/_____/______
Prices for prenatal screening  

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These prices have been drawn up on the basis of information from the medical administration and are only indicative. These prices are also frequently reviewed on the basis of the RIZIV rules. Your invoice may therefore vary from those prices.

first trimester screening

This is a combination of ultrasound and blood sampling. The combination increases the sensitivity of the test and allows for a better calculation of the risk than only performing the ultrasound test (neck fold measurement).

Deductible: € 12,96
Prices for ultrasound testing: see below

first trimester ultrasound testing

Given that RIZIV only reimburses the price for one ultrasound test per pregnancy trimester, this ultrasound test will be reimbursed, unless another ultrasound test has been carried out during that trimester.

Ultrasound test for pregnancy assessment: co-payment (= what you as the patient have to pay, in addition to what the sickness fund pays) is € 2,48.
Ultrasound test without reimbursement (if a pregnancy assessment has already been performed): € 26,59.

second trimester ultrasound testing

Given that RIZIV only reimburses the price for one ultrasound test per pregnancy trimester, this ultrasound test will be reimbursed, unless another ultrasound test has been carried out during that trimester.

Ultrasound test for pregnancy assessment: deductible (= what you as the patient have to pay, in addition to what the sickness fund pays) is € 2,48.
Ultrasound without reimbursement (if a pregnancy assessment has already been performed): € 26,59. The risk of pre-eclampsia is greater during the first pregnancy and it is more difficult to predict your risk of premature birth by means of the anamnesis. Another type of ultrasound test will therefore be charged (functional ultrasound test) if you require an ultrasound test and screening for premature birth and/or pre-eclampsia in addition to checking up on the baby during the second trimester. The co-payment for this ultrasound test is € 2,48.

If the doctor is required to provide extensive additional information for an ultrasound test (explanations, forms, certificates, questions, …) a consultation with the doctor will be charged in addition to the ultrasound test (co-payment € 12)

NIPT

The NIPT is not reimbursed by the RIZIV and is entirely for the patient’s expense: price: € 290.