

Dear Patient,

Your doctor has requested a preeclampsia screening examination to be performed. The purpose of this examination is to determine your personal risk for early onset preeclampsia of a type that would be delivered less than or equal to 34 weeks. The Preeclampsia Foundation web site, [www.preeclampsia.org](http://www.preeclampsia.org), is an excellent patient-oriented educational site for further information.

Preeclampsia is a dangerous, potentially life threatening disorder that occurs only during pregnancy and the postpartum period. Preeclampsia and related disorders such as HELLP syndrome and eclampsia are characterized by a rapid rise in blood pressure and can lead to seizure, stroke, multiple organ failure and death of the mother and/or baby.

Attempting to use a pregnant patient's individual history alone fails to identify 70% of women at risk for preeclampsia. 10% of first pregnancy women with no clinical risk factors will develop preeclampsia.

The preeclampsia screening examination that your doctor has requested identifies approximately 91% of patients at risk. Approximately 5% of the time those tested will be incorrectly classified as high risk (false-positive results). If your test result is low risk, there is a less than 1/2 of 1% (0.5%) chance that you will develop preeclampsia.

Therefore, it is important to understand that this is a screening test that although quite good, is not perfect. A low risk test result does not guarantee an uncomplicated trouble-free pregnancy, delivery, nor does it guarantee the birth of a "perfect" baby.

If your test results are characterized as high risk, your healthcare provider will discuss management and possibly treatment options. Hudson Valley Radiology Associates and its physicians are not responsible for management of pregnancies.

The \$275.00 Hudson Valley Radiology fee for this procedure covers the accredited performance of Uterine Artery Doppler. NTD Laboratory which processes the blood and provides the quantitative risk result will submit their bill to your insurance company. NTD Laboratory may bill you for any uncovered portion of their laboratory fee. The potential out-of-pocket expense that NTD Laboratory might bill is approximately \$200.00. If you would like to discuss in greater detail what might be expected from a bill from NTD Laboratory please call (631) 425-0800.

I, the undersigned, have read this consent form and understand its content. I have been given the option to ask any additional questions from an HVRA representative.

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Signature

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Print Name

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Date

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