

Ultrasound examination for a pregnant woman – Patient declaration

בדיקת אולטרה סאונד לאישה ההרה-הצהרת הנבדקת

1. I am aware of the fact that this fetal ultrasound test is (please mark accordingly):
 - A first trimester examination
 - A nuchal translucence scan
 - A scan for diagnosis of fetal abnormalities
 - A scan for size assessment on the second and third trimester
 - An examination targeted at the _____ system due to _____
 - A focused examination of a specific clinical state. The reason/purpose for the examination is _____
2. The examination is being conducted following referral by a physician or self-referral. I must give the results of the examination to my physician for assessment and referral for additional tests or consultation as necessary.
3. The data to be checked are those that are demonstrated and marked on the test form.
4. In case of a targeted system scan or a focused examination of a specific clinical state, organs in the system/s relevant to the cause of referral are examined without conducting a full system scan. The fetal growth ultrasound does not include a full system scan as well.
5. I am aware of the fact that the test is limited and cannot and does not presume to detect every fetal malformations/abnormalities, neither in any case and for all pregnancies, nor all malformations in the examined organs.
6. I am aware that there are malformations/deficiencies that cannot be diagnosed by ultrasound (such as: Down Syndrome, genetic disorders, infectious diseases, and others).

7. I am aware of the fact that the accuracy and ability to detect malformations or defects depend on the type and size of finding as well as on the stage of pregnancy, location of the fetus, its position, movements, and permeability of the sound waves.
8. I am aware of the fact that the results of the test reflect the situation at the time of the examination, under the stated limitations, and that some malformations might evolve or come to light only further on in the pregnancy.
9. It has been explained to me that if an anomalous finding is discovered during the examination, additional tests might be required (such as fetal echocardiography, amniocentesis, or others), as per the decision of the treating physician or other specialists.
10. I am aware of the fact that a scan for detection of fetal abnormalities conducted at an early stage (week 13-17) cannot replace the later scan (at week 20-25) since some of the malformations that can be diagnosed in the later scan will not be evident in the earlier scan. Therefore, it is necessary to repeat the scan at a later date as well.
11. Having understood all the above, I agree to undergo the examination with the limitations stipulated above.

Name: _____ ID: _____ Signature: _____
Date: _____ Signed in the presence of: _____

For your attention: Examinations in public facilities are performed as part of the Basket of Healthcare Services. More specific or detailed privately funded exams are available at other facilities (private or otherwise).