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بيانات مفتوحة مشارك -خاص مشارك -حساس مشارك -سري

Standards for Premarital Screening Services

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Public Health Protection Department

Dubai Health Authority

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TABLE OF CONTENTS

ACKNOWLEDGMENT	2
INTRODUCTION	5
EXECUTIVE SUMMARY	6
DEFINITIONS	8
ABBREVIATIONS.....	10
1. BACKGROUND.....	11
2. SCOPE.....	11
3. PURPOSE.....	12
4. APPLICABILITY	12
5. STANDARD ONE: REGISTRATION AND LICENSURE PROCEDURES.....	12
6. STANDARD TWO: HEALTH FACILITY REQUIREMENTS.....	14
7. STANDARD THREE: HEALTHCARE PROFESSIONALS REQUIREMENTS	15
8. STANDARD FOUR: ELIGIBILITY CRITERIA AND REQUIREMENTS	16
9. STANDARD FIVE: GENERAL SERVICE SPECIFICATIONS	17
10. STANDARD SIX: Genetic Testing.....	21
11. STANDARD SEVEN: PREMARITAL SCREENING AND TESTING PROTOCOLS.....	21
12. STANDARD EIGHT: VACCINATION.....	26
REFERENCES.....	30
APPENDICES	32
APPENDIX 1:	
• APPENDIX 1a: Premarital Medical Examination Agreement (For Applicant)	32
• APPENDIX 1b: Premarital screening participant (For Applicant)	33

APPENDIX 2: Premarital Screening and Counselling description	34
APPENDIX 3:	
• APPENDIX 3a: Premarital screening and counselling form visit (1)	38
• APPENDIX 3b: Premarital screening and counselling form visit (2) (follow-up)	41
APPENDIX 4:	
• APPENDIX 4a: Information and instructions approval form for premarital genetic testing	43
• APPENDIX 4b: Information and instructions to be acknowledges before participating in the preventive program for pre-marital genetic screening.....	45
APPENDIX 5: Premarital screening and counselling risk assessment	48
APPENDIX 6: Premarital screening and counselling couple report.....	52
APPENDIX 7:	
• APPENDIX 7a: Declaration of informed results or premarital genetic testing (For Applicant) .	53
• APPENDIX 7b: Declaration of informed results of premarital tests (For Applicant	54
APPENDIX 8: Authorization of Premarital Medical Examination Agreement (For Applicant)	55
APPENDIX 9: Laboratory testing pathway for infectious disease.....	56
APPENDIX 10: List of tested genes (doesn't include X or Y linked or AD genes and not all AR diseases).....	57
APPENDIX 11: Premarital Screening Flowchart	59
APPENDIX 12: Expansion of Premarital screening general Workflow.....	60
APPENDIX 13: The basic components of the Premarital Screening and Counselling Program Package	61
APPENDIX 14: MMR Vaccination Consent.....	62

INTRODUCTION

The Health Regulation Sector (HRS) plays a key role in regulating the health sector. HRS is mandated by the Dubai Health Authority (DHA) Law No. (6) of the year (2018) with its amendments pertaining to DHA, to undertake several functions including but not limited to:

- Developing regulations, policy, standards, guidelines to improve quality and applicant safety and promote the growth and development of the health sector.
- Licensure and inspection of health facilities as well as healthcare professionals and ensuring compliance to best practice.
- Managing applicant complaints and assuring applicant and physician rights are upheld.
- Governing the use of narcotics, controlled and semi-controlled medications.
- Strengthening health tourism and assuring ongoing growth; and
- Assuring management of health informatics, e-health and promoting innovation.

The Premarital Screening Standard aims to fulfill the following overarching Dubai Health Sector Strategy 2026:

- Pioneering Human-centered health system to promote trust, safety, quality and care for applicants and their families.
- Make Dubai a lighthouse for healthcare governance, integration and regulation.
- Foster healthcare education, research and innovation.

EXECUTIVE SUMMARY

The Premarital Screening Standard outlines a comprehensive framework designed to ensure the safety, quality, and efficiency of premarital screening services provided in Dubai Health Authority (DHA)-licensed facilities. This standard aligns with Dubai's Health Sector Strategy 2026, focusing on fostering trust, quality care, and innovative healthcare governance.

The key objectives of this standard are:

Comprehensive Screening:

Includes genetic, infectious disease, and blood disorder screenings to identify potential health risks. Expands genetic testing to cover 570 genes, addressing over 845 preventable genetic conditions.

Public Health Impact:

Aims to reduce the prevalence of hereditary and communicable diseases.

Supports informed reproductive decisions and promotes healthier families.

Healthcare Facility Requirements:

Ensures that all participating facilities meet strict licensing, equipment, and staffing standards.

Roles and Responsibilities:

Defines the duties of healthcare professionals and facilities, emphasizing applicant education, informed consent, and confidentiality.

Vaccination and Follow-up:

Provides clear protocols for vaccination against diseases like Hepatitis B and Rubella.

Establishes timelines for laboratory testing and result communication.

Couples receive tailored genetic counseling and risk assessment to guide decision-making.

By implementing this standard, the DHA aims to improve community health outcomes, mitigate the burden of genetic and infectious diseases, and strengthen Dubai's position as a leader in healthcare innovation and governance.

DEFINITIONS

Booster Dose: An additional dose of a vaccine given after the initial series to enhance or restore immunity that may have diminished over time.

Dominant genetic diseases: A pattern of inheritance characteristic of some genetic disorders. “Autosomal” means that the gene in question is located on one of the numbered, or non-sex, chromosomes. “Dominant” means that a single copy of the mutated gene (from one parent) is enough to cause the disorder.

Equivocal: A term used to describe test results that are unclear or ambiguous, meaning they are not definitively positive or negative.

Gene: Basic unit of inheritance, genes are passed from parents to offspring and contain the information needed to specify physical and biological traits.

Genetic counselling: guidance relating to genetic disorders that a specialized healthcare professional (genetic counsellor) provides to an individual or family. A genetic counsellor might provide information about how a genetic condition could affect an individual or family and/or interpret genetic tests designed to help estimate the risk of a disease.

Healthcare Professionals: Individuals who are trained and licensed to provide health care services, including doctors, nurses, therapists, and other allied health personnel.

Informed Consent: A process by which a applicant voluntarily confirms their willingness to undergo a particular medical intervention, after being informed of all the potential risks, benefits, and alternatives.

Intramuscular Injection: A method of administering medication directly into the muscle tissue, allowing for rapid absorption into the bloodstream.

Monoclonal antibodies: are proteins made in laboratories that act like proteins called antibodies in our bodies. Antibodies are parts of your immune system. They seek out the antigens (foreign materials) and stick to them to destroy them.

Mutation: A mutation is a change in the DNA sequence of an organism. Mutations can result from errors in DNA replication during cell division, exposure to mutagens or a viral infection.

Offspring: the product of the reproductive processes of a person, animal, or plant; in other words, the young or progeny.

Positive Genetic Findings: Results from genetic testing that indicate the presence of a specific genetic mutation or variation associated with a particular disease or condition.

Reactive: In medical testing, a term indicating that a test has detected the presence of the substance or condition it was designed to identify, suggesting a positive result.

Recessive genetic diseases: A pattern of inheritance characteristic of some genetic disorders. “Autosomal” means that the gene in question is located on one of the numbered, or non-sex, chromosomes. “Recessive” means that two copies of the mutated gene (one from each parent) are required to cause the disorder.

Subcutaneous Injection: A method of administering medication into the tissue layer between the skin and the muscle, typically used for slower absorption.

ABBREVIATIONS

AABB	Association for the Advancement of Blood and Biotherapies
CBC, ABO and Rh	Complete blood count, Blood grouping system, Rhesus (Rh) factor
DHA	Dubai Health Authority
EIA	Enzyme Immunoassay
HBsAg	Hepatitis B Surface Antigen
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HPLC	High Pressure Liquid Chromatography
HPV	Human Papilloma Virus
HRS	Health Regulation Sector
ICD-10	The 10th revision of the International Classification of Diseases (ICD), a medical classification list by the World Health Organization (WHO)
IEF	Isoelectric Focusing
IgG	Immunoglobulin G
MMR	Measles, Mumps, and Rubella
MOHAP	Ministry of Health and Prevention
RPR	Rapid Plasma Reagin
UAE	United Arab United

1. BACKGROUND

Developments in genomic medicine and public health policies have led to the evolution of premarital screening programs. The integration of advanced genetic testing technologies, including next-generation sequencing and expanded gene panels, allows for a more comprehensive assessment of hereditary risks. This progress has enabled the detection of hundreds of recessive genetic disorders, ensuring that couples receive tailored medical counseling before marriage. Premarital screening is a specific test where genetic, infectious, and blood disorder screenings are conducted, complemented by counseling and preventive vaccinations. These programs aim to identify potential risks, reduce the prevalence of hereditary and communicable diseases, and promote informed reproductive decisions. The global emphasis on genetic health over the past decade has highlighted the benefits of premarital screening, including cost-effective early detection, improved community health outcomes, and reduced healthcare burdens associated with genetic and communicable diseases. Moreover, early interventions foster healthier families while alleviating the physical, psychological, and financial burdens on society.

2. SCOPE

- 2.1. Premarital Screening services in Dubai Health Authority (DHA) licensed health facilities as applicable.

3. PURPOSE

- 3.1. To assure provision of the highest levels of safety and quality services in DHA licensed health facilities as applicable.

4. APPLICABILITY

- 4.1. DHA licensed healthcare professionals and health facilities providing Premarital Screening services.

5. STANDARD ONE: REGISTRATION AND LICENSURE PROCEDURES

- 5.1. All health facilities providing Premarital Screening services shall adhere to the United Arab Emirates (UAE) Laws and Dubai regulations.
- 5.2. Health facilities aiming to provide Premarital screening services shall comply with the DHA licensure and administrative procedures available on the DHA website <https://www.dha.gov.ae>.
- 5.3. Licensed health facilities opting to add Premarital Screening services shall inform Health Regulation Sector (HRS) and submit an application to HRS to obtain permission to provide the required service.
- 5.4. The health facility should develop the following policies and procedure; but not limited to:
 - 5.4.1. Applicant acceptance criteria
 - 5.4.2. Applicant assessment and admission

- 5.4.3. Applicant education and Informed consent
- 5.4.4. Applicant health record
- 5.4.5. Applicant privacy
- 5.4.6. Lost and found policy
- 5.4.7. Fall risk policy
- 5.4.8. Sentinel event policy
- 5.4.9. Applicant complaint
- 5.4.10. Service description and scope of service
- 5.4.11. Clinical audit, quality performance management and learning system
- 5.4.12. Staffing plan, staff management and clinical privileging
- 5.4.13. Stay Visit Certificate
- 5.4.14. Waiting time of delay in service
- 5.5. The health facility shall provide documented evidence of the following:
 - 5.5.1. Signed Consent forms
 - 5.5.2. Applicant education
 - 5.5.3. Clinical laboratory services
- 5.6. The health facility shall maintain charter of applicants' rights and responsibilities posted at the entrance of the premise in two languages (Arabic and English).
- 5.7. The health facility shall have in place a written plan for monitoring equipment for electrical and mechanical safety, with monthly visual inspections for apparent defects.

- 5.8. The health facility shall ensure it has in place adequate lighting and utilities, including temperature controls, water taps, medical gases, sinks and drains, lighting, electrical outlets and communications.

6. STANDARD TWO: HEALTH FACILITY REQUIREMENTS

- 6.1. Premarital screening shall only be performed in DHA licensed health facilities as applicable.
- 6.2. Health facilities intending to provide premarital screening services must either have an equipped and licensed laboratory capable of performing all required tests included in the premarital screening service or establish a contractual agreement with a DHA-licensed laboratory capable of performing all required tests included in the premarital screening service.
- 6.2.1. Specimens collected for premarital screening tests must be maintained within the jurisdiction of the UAE and not be sent abroad for analysis.
- 6.3. The health facility design shall provide assurance of applicants and staff safety.
- 6.4. The health facility shall have appropriate equipment and trained healthcare professionals to manage critical and emergency cases.
- 6.5. Fulfil the duties of healthcare professionals for the provision of the premarital Screening Program.

- 6.6. Comply with DHA pre-marital Screening Program Care Pathways, Clinical Quality Indicators and Timelines for referral in accordance with Appendices 1-17.
- 6.7. Assign a pre-marital screening program coordinator responsible for submitting data on screening visits and outcomes to DHA in the reporting system.
- 6.8. Maintain records of screening tests and outcomes.

7. STANDARD THREE: HEALTHCARE PROFESSIONALS REQUIREMENTS

- 7.1. All healthcare professionals participating in DHA's privileged premarital screening services should:
 - 7.1.1. hold an active DHA professional license and work within their scope of practice and granted privileges.
 - 7.1.2. Provide clinical services and applicant care in accordance with DHA policies and standards, and the laws and regulations of the Emirate of Dubai
 - 7.1.3. Comply with the clinical standards detailed in this document to provide the most appropriate care, taking responsibility for deciding the best care options for managing screened cases and in accordance with Appendices 1-17.
 - 7.1.4. Perform proper counselling, screening investigations, transfer specimens for confirmation as applicable and following DHA standard and perform confirmatory investigations as authorized.
 - 7.1.5. Comply with relevant DHA policies and standards with special attention to:

a. Policies and standards on Applicant Education and Consent: The licensed provider must provide appropriate education and information regarding the pre-marital screening test and must ensure that appropriate consent is obtained and documented on the applicant's medical record.

7.1.6. Ensure compliance with the service specifications and/or standards for the premarital screening program.

7.1.7. Comply with DHA's requests to inspect and audit records and cooperate with DHA authorized auditors as required by DHA.

7.1.8. Comply with Information Technology (IT) and data management requirements including sharing of screening results/diagnosis and where applicable, pathology results, electronic applicant records and disease management systems.

7.2. The Privileging Committee and/or Medical Director of the health facility shall privilege the physician aligned with his/her education, training, experience and competencies. The privilege shall be reviewed and revised on regular intervals as per the DHA policy.

8. STANDARD FOUR: ELIGIBILITY CRITERIA AND REQUIREMENTS

8.1. Eligibility and criteria and requirements to receive premarital screening testing:

8.1.1. Premarital screening and testing are governed by Section 27 of the UAE Federal Law No. 28, of the year 2005.

- 8.1.2. A premarital medical examination, including genetic testing, is mandatory if either or both members of the couple are UAE National.
- 8.1.3. A Premarital medical examination excluding genetic testing is mandatory for non-Nationals who plan to marry in the UAE. Genetic testing is optional for non-Nationals.
- 8.1.4. The original emirates ID card if the applicant is a resident in UAE or original passport for visitors
- 8.1.5. If the applicant is below 18 years old, a guardian must be present.

9. STANDARD FIVE: GENERAL SERVICE SPECIFICATIONS

9.1. General Service Specifications on Premarital Screening:

- 9.1.1. Treat all information of couples with high confidentiality.
- 9.1.2. At relevant points during the screening pathway, participating individuals should be provided with appropriate information on each type of screening delivered by the healthcare facilities.
- 9.1.3. Healthcare professionals participating in the DHA's premarital Screening Program shall report the approved specific ICD-10 codes for the Program services as per DHA standards and procedures.
- 9.1.4. A consent form will be shared with couples before the examination, along with an appropriate guide for further information. In case a disease or condition is identified,

only the affected individual within the couple shall be informed of the result. Where a disease or condition is identified, the result shall be disclosed exclusively to the affected individual within the couple. Subject to the explicit consent of that individual, both partners may thereafter be informed, either jointly or separately, of the diagnosis, available treatment options, and the risk of transmission to future offspring.

9.1.5. Disclosure of results shall be undertaken by appropriately qualified healthcare professional, in accordance with the nature of the identified condition, to ensure communication is accurate, sensitive, clinically appropriate, and accompanied by referral where necessary.

9.1.6. The signed Premarital Examination Agreement for Applicant (**Appendix 1 a/b**) given with the Premarital Screening and Counselling description (**Appendix 2**), premarital Screening & Counselling Forms (**Appendix 3**) and Laboratory Results are kept in the individual's record at the facility.

9.1.7. For UAE nationals only, Information and instructions approval form for premarital genetic testing (**Appendix 4 a/b**) is kept in the individual's record at the facility.

9.1.8. All premarital risk assessment information given to the couple follows the guidelines for premarital risk assessment in (**Appendix 5**), the risk assessment information is recorded in Arabic for judicial department in the Premarital Screening & Counselling Report (**Appendix 6**).



9.1.9. A Premarital Screening & Counselling Report (**Appendix 6**) is issued for every one of the couples. For couples with normal results, including both infectious disease findings and compatible genetic findings, a digital certificate will be issued. For individuals with positive findings, either infectious or genetic, certificate will be shared after the results have been discussed in the presence of both partners or individually; and the two individuals sign the declaration of informed results of premarital genetic testing (**Appendix 7 a/b**).

- a. The Premarital Screening & Counselling Report is authorized by DHA and issued and signed by physician at the Health Facility.
- b. The signing doctor takes the responsibility of counselling and controlling the release of the certificate, based on the findings from the couple.
- c. The report is only valid for the partners mentioned in the report, to complete the marriage process.
- d. The report is valid only for three months from the date of issuance.
- e. If the applicant wants to issue another premarital certificate after the end of the three months, then only the infectious disease tests should be repeated and there is no need to repeat the blood genetic tests or the blood grouping.
- f. If one of the couples has participated in the genetic premarital screening previously, there shall be no need to take another sample or generate a new report for him/her, since their genomic results are already available in their

file, and a compiled result will be issued with the new partner. However, the infectious disease test should still be repeated.

9.1.10. In case of abnormal results:

- a. For couples with positive genetic findings, the declaration of informed results of premarital genetic testing (**Appendix 7**), must be signed by both members of the couple if they decide to proceed with marriage. They must sign Premarital Screening and Counselling Report, (**Appendix 6**).
- b. If one of the couples refused to share the information about the disease with the partner or refused to sign the certificate, then the certificate should not be issued, and this must be recorded in the system.
- c. It is the responsibility of the attending doctor to document that and stop the release of the certificate.
- d. The individual must sign a declaration of informed consent when he or she is informed of their test results. See (**Appendix 8**).

9.1.11. The responsibility of the physician signing the final certificate is to ensure that both couples are aware of the disease and its consequences before they issue the certificate or refer them to the assigned committee to evaluate the high-risk marriage.

- a. For couples with normal results, they should sign the Premarital Screening and Counselling Report, (**Appendix 6**).

10. STANDARD SIX: GENETIC TESTING

10.1. Expanding Premarital testing by adding genetic testing of approximately 570 genes to premarital screening is a significant step towards identifying potential genetic disorders or diseases that may be present in the couple's genetic makeup (**Appendix 10**). The scope of the genetic test is to examine couples before marriage for the most common genetic mutations that correspond to around 845 known preventable genetic conditions. These diseases include intellectual and/or motor disabilities, deafness, and early loss of vision, immunodeficiencies and congenital anomalies. This type of testing can provide a comprehensive analysis of the couple's genetic profile, allowing for a more accurate assessment of the risk of passing on genetic disorders to their offspring. By identifying any potential genetic risks early on, couples can make informed decisions about their future and take appropriate measures to prevent or manage any potential health risks. It will link the couples to reproductive medicine solutions and options for couples.

11. STANDARD SEVEN: PREMARITAL SCREENING AND TESTING PROTOCOLS

11.1. Screening to detect Haemoglobinopathies.

11.1.1. Premarital Screening for Carrier Identification of Haemoglobinopathies is implemented as outlined:

- a. A Complete Blood Count (CBC) with all red cell indices is included.

- b. An initial screening of haemoglobin using HPLC or IEF is included.
- c. Confirmatory testing is performed for all results were abnormal.
- d. Haemoglobin is detected on the original blood sample using a different technique from the screening test.

11.2. Screening to Identify AB0 and Rh(D) Blood Group

- 11.2.1. AB0 and Rh (D) blood grouping is performed following AABB guidelines and as described in AABB Technical Manual 15th Edition.
- 11.2.2. Both forward and reverse grouping is performed.
- 11.2.3. Grouping is performed by micro card technique using monoclonal antibodies (Diamed, Ortho etc).

11.3. Screening to detect HIV, Hepatitis B, Hepatitis C and Syphilis

- 11.3.1. The process follows, Premarital Screening: [Antibody; HIV-1 and HIV-2, single assay] or [Hepatitis B surface antigen (HBsAg)] or [Hepatitis C antibody] or [Syphilis test; EIA or qualitative non- treponemal (RPR)].
- 11.3.2. The screening technique for HIV detects antibodies; HIV-1 and HIV-2 in a single assay.
- 11.3.3. The screening technique for hepatitis B detects Hepatitis B surface antigen (HBsAg).
- 11.3.4. The screening technique for syphilis detects antibodies to Treponema pallidum or consists of the qualitative non- treponemal rapid plasma regain test (RPR).

11.3.5. When the outcome of the first analysis of a specimen is 'Reactive', 'Not reactive', 'Equivocal (Border line)' or 'Not valid', further testing follows that outlined in **(Appendix 9)**.

11.3.6. The testing process starts again from the beginning, if an error causing a 'Not valid' result is found and can be corrected; otherwise, a new specimen is collected, and the process starts from the beginning.

11.3.7. All 'Reactive' / 'Equivocal' tests are repeated in duplicate with the same specimen, the same technique and the same equipment as was used for the first analysis.

11.3.8. The applicant is called for a second phlebotomy if the first specimen is 'Repeatedly reactive'/'Repeatedly equivocal' for a marker of HIV, Hepatitis B, Hepatitis C or Syphilis.

a. Both the first 'Repeatedly reactive'/'Repeatedly equivocal' specimen and the second untested specimen are securely transported to a DHA advised confirmatory laboratory for confirmatory testing.

b. A hard and soft copy of all relevant information and results of the screening tests should be sent together with the specimens for confirmatory testing.

11.3.9. There should be a log identifying details of all specimens with a single 'Reactive', 'Equivocal' or 'Not valid' outcome.

11.4. Screening for Immunity to Rubella

11.4.1. The rubella IgG titer is requested for all female applicants.

- 11.4.2. The rubella IgG level is expressed and documented in IU/mL.
- 11.4.3. Rubella IgG levels <10 IU/mL are interpreted as 'Negative' or 'No protective immunity.'
- 11.4.4. Rubella IgG levels \geq 10 IU/ml are interpreted as 'Protective immunity'.
- 11.4.5. Women where the Rubella IgG level is interpreted as 'No protective immunity' are counselled and offered Rubella or MMR vaccine and given advice to avoid pregnancy for one month after vaccination.
- 11.4.6. The female patient is counselled regarding rubella vaccination and is advised to avoid pregnancy for one month following immunization; only documentation in physician notes is required.

11.5. Turnaround Time:

- 11.5.1. Laboratory analyses shall start within 24 hours of an applicant's attendance at a clinic for all specimens for Premarital Screening Tests.
- 11.5.2. CBC shall be performed on blood within 24 hours after phlebotomy.
- 11.5.3. Screening and retesting reactive specimens in duplicate shall have a turnaround time within the laboratory of not more than two working days.
- 11.5.4. A new specimen is taken within two working days, when a new specimen is required due to the outcome of a duplicate repeat testing of the first specimen.

11.5.5. The first repeatedly reactive specimen and the new specimen are forwarded, together with required specified information, to a confirmatory laboratory within 24 hours.

11.5.6. Genetic testing and computability report of both couples shall have a turnaround time within the laboratory of around 4 weeks from receiving both samples.

11.6. Storage and transportation of specimens for confirmatory testing

11.6.1. Specimens shall be refrigerated or frozen as applicable.

11.6.2. All transportation for confirmatory testing shall be planned and the system shall be secured, so that only authorized persons can access the specimens.

11.6.3. Specimens shall be transported on ice in a cool box, but not frozen.

11.6.4. A triple container to be used for specimens with suspected infectious substances as applicable.

11.6.5. Transportation schedules shall be harmonized with the confirmatory laboratory to minimize turnaround time.

11.7. Genetic Testing Procedures and referrals

11.7.1. For applicants with complex histories or conditions not covered within the PMS gene panel should be referred to clinical geneticists and/or genetic counsellor. For more information about the genetic testing pre-analysis, analysis and post analysis refer to pre-marital genetic testing (**Appendix 11**). This genetic testing will be part of the known pre-marital screening package and will be ordered by

the attending privileged physician, blood collection will be done during the same visit and samples will be sent out to the assigned genomic lab. Workflow for premarital genetic testing is outlined in Appendix 13. The basic components of the Premarital Screening and Counselling Program Package cover various laboratory tests and vaccinations if applicable (**Appendix 13**).

12. STANDARD EIGHT: VACCINATION

12.1. Vaccination for Rubella (MMR)

12.1.1. Non-immune female applicants shall be offer to be vaccinated for rubella.

12.1.2. No written document indicates MMR vaccine was given in the past.

12.1.3. Women with rubella IgG levels less than 10 IU/mL are offered MMR vaccination.

12.1.4. Only women eligible for MMR vaccination, with no contraindications and in line with DHA vaccine standards are offered to be vaccinated.

12.1.5. Advice is given, prior to vaccination, to avoid pregnancy for one month. MMR vaccination consent is signed by the female applicant who will receive the vaccination and in the presence of witness, Use the form in (**Appendix 14**).

12.1.6. The MMR vaccine is given as one dose of 0.5 ml Rubella or 0.5 ml MMR vaccine as an intramuscular or subcutaneous injection.

12.2. Vaccination for Hepatitis B

- 12.2.1. Individuals are given the option of a full vaccination series of Hepatitis B vaccine if they have been not vaccinated before.
- 12.2.2. Individuals, whose partner is HBsAg positive, are given the option of a booster dose of hepatitis B vaccine if they have been vaccinated before, and a full vaccination series if they have not been vaccinated before. Their immunity is measured after vaccination.
- 12.2.3. Individuals, whose partner is HBsAg positive, are offered a full Hepatitis B vaccine series of three doses if they have not been vaccinated before.
- 12.2.4. Each dose is given with 1.0 ml vaccine as an intramuscular injection:
 - a. The second hepatitis B vaccine dose is given one month after the first dose.
 - b. The third hepatitis B vaccine dose is given six months after the first dose.
 - c. Individuals, whose partner is HBsAg positive, are offered a Hepatitis B vaccine booster dose if they have been vaccinated before third dose.
- 12.2.5. They shall give with 1.0F ml vaccine as an intramuscular injection. (Only a partner eligible for hepatitis B vaccination and with no contraindications and in line with DHA vaccine standards is offered to be vaccinated).
- 12.2.6. Anti HBs is controlled four weeks after the third dose of the full vaccine series or four weeks after the booster dose.
- 12.2.7. Individuals with anti HBs >10 mIU/mL are regarded as immune.

12.2.8. Individuals with anti HBs less than 10 mIU/ml are offered a new full primary vaccination series.

12.2.9. Anti HBs should be controlled 1 month after the third dose.

12.2.10. Non-responders with anti HBs less than 10 mIU/ml are referred to an infectious disease's specialist for individual advice.

12.3. Vaccination for Human Papilloma virus (HPV)

12.3.1. UAE national females up to the age of 45 years old can receive HPV catchup if they have not been vaccinated or did not complete the missed doses/dropout.

12.3.2. No written document indicating HPV vaccine was given in the past or who have not completed the 3-dose series.

12.3.3. Only women eligible for HPV vaccination, with no contraindications and in line with DHA vaccine standards offered to be vaccinated.

12.3.4. HPV vaccination is given as three doses. Each dose is 0.5 mL, administered intramuscularly, preferably in the deltoid muscle.

12.3.5. Use recommended routine dosing intervals for series catch-up (i.e., the second and third doses must be administered at 1 to 2 and 6 months after the first dose). The minimum interval between the first and second doses is 4 weeks. The minimum interval between the second and third doses is 12 weeks, and the third dose must be administered at least 24 weeks after the first dose.

- 12.3.6. If the HPV vaccine schedule is interrupted; the vaccine series does not need to be restarted. If a woman is found to be pregnant after initiating the vaccination series, the remainder of the 3-dose series should be delayed until completion of pregnancy.
- 12.3.7. The physician providing the counselling to the couples, needs to inform them of the importance of HPV vaccination in helping to prevent against cervical cancer. They need to fully explain the aim of this vaccination and provide a leaflet on HPV vaccination to the female who will receive the vaccine.
- 12.3.8. Non-national female individuals aged 15-17 are given advice regarding the importance of HPV vaccination.
- 12.3.9. In case a non-national female is eligible for the HPV according to the above indications, female partner is entitled to receive the HPV vaccination Subjected to insurance coverage of the HPV vaccine.

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APPENDICES

APPENDIX 1a: Premarital Medical Examination Agreement (For Applicant)

إقرار الفحص الطبي والمشورة ما قبل الزواج خاص (بمقدم الطلب) Premarital Medical Examination Agreement (For Applicant)	
<p>I the undersigned</p> <p>Passport /Family book/ UAE ID Number</p> <p>.....</p>	<p>أنا الموقع أدناه.....</p> <p>حامل جواز سفر/ خلاصة قيد / بطاقة الهوية</p> <p>رقم.....</p>
<p>Agree to perform Premarital Medical Examination testing that includes:</p> <ol style="list-style-type: none"> 1. Blood Typing / Rh 2. β-Thalassemia 3. Sickle cell anaemia 4. Hgb variant 5. Hepatitis B 6. Hepatitis C 7. German measles 8. Syphilis 9. HIV /AIDS 10. Genetic comprehensive testing, which is considered mandatory for citizens of the United Arab Emirates. 11. Others <p>Also, I certify that the Premarital Medical Examination Certificate will only be issued after discussing the results and reviewing the results content with both couples.</p>	<p>أقر بموافقتي على إجراء الفحص الطبي والمشورة ما قبل الزواج و الذي يشمل:</p> <ol style="list-style-type: none"> 1. فصيلة الدم و عامل ريسوس 2. بيتا ثلاسيميا 3. إخلافات الهيموجلوبين الأخرى 4. الأنيما المنجلية 5. التهاب الكبد (ج) 6. التهاب الكبد (ب) 7. الحصبة الألمانية 8. الزهري 9. فيروس نقص المناعة المكتسبة / الإيدز 10. الفحص الجيني الشامل الذي يعتبر إلزامياً لمواطنين دولة الامارات العربية المتحدة. 11. فحوصات أخرى: <p>كما أقر بأن شهادة الفحص الطبي ما قبل الزواج لن تسلم إلا بعد مناقشة النتائج والاطلاع على محتواها مع الطرفين معاً</p>
<p>Name:</p> <p>Signature:</p> <p>Date:</p> <p>Attending Staff:</p> <p>Signature :</p> <p>Date</p>	<p>الاسم:</p> <p>التوقيع:</p> <p>التاريخ:</p> <p>اسم الموظف:</p> <p>توقيع الموظف:</p> <p>التاريخ</p>

APPENDIX 1b: Premarital screening participant (For Applicant)

Premarital screening participation	المشاركة في فحص ما قبل الزواج
Name:	الاسم:
Age:	العمر:
Emirate ID	رقم الهوية الإماراتية:
By signing this form, I declare that I was given full information & education about Premarital program:	أنا الموقع أدناه أقر انه تم تقديم شرح وافي و تزويدي بمعلومات كافية عن برنامج فحص ما قبل الزواج:
1. Genetic Disease covered in the screening and their risks.	1. الأمراض الجينية التي يغطيها الفحص وخطورتها
2. Infectious disease covered in the screening and their risks.	2. الأمراض المعدية التي يغطيها الفحص وخطورتها
3. Vaccination covered in the screening.	3. التطعيمات التي يغطيها الفحص
4. Future risks resulting from the completion of the marriage in case of positive results.	4. المخاطر المستقبلية الناتجة عن إتمام عقد الزواج في حال وجود نتائج إيجابية
5. For individuals with negative results, they will first receive a call notifying them of their results confirming that they are free of diseases and that there is no objection to sharing personal data with other parties. Subsequently, they can expect to receive their pre-martial certificate through a secure link provided.	5. في حال النتائج السليمة: سيتلقى الطرفان المقبلان على الزواج مكالمة من المركز الصحي تؤكد خلوهم من الامراض و عدم وجود أي مانع من مشاركة البيانات الشخصية بين الطرفين و بعد ذلك، يمكنهم الحصول على شهادة ما قبل الزواج من خلال رابط آمن عبر ارقام التواصل.
6. For individuals with positive results, for infectious diseases, genetic diseases, or the presence of any medical impediment, both parties will be contacted separately. Individuals are required to return to the clinic for further necessary steps. Once all required procedures at the clinic are completed, a link will be sent for them to obtain their pre-martial certificate.	6. في حال النتائج الإيجابية للأمراض المعدية أو الأمراض الجينية أو وجود أي مانع طبي سيتم التواصل مع الطرفين كلاً على حده وتأكيد ضرورة زيارتهم للمركز الصحي المزود للخدمة في أقرب وقت ممكن لتلقي خطة العلاج المناسبة.
7. By consenting, I authorize the DHA to unitize my information for research purposes, ensuring strict adherence to confidentiality standard.	7. إنني أوافق على مشاركة المعلومات الطبية الخاصة بي مع هيئة الصحة بدبي لأغراض البحث، مع ضمان الالتزام الصارم بمعايير السرية.
With reference to the above, I'm held accountable and accept the consequences of my decisions and absolve all healthcare professionals, the health facility, its medical staff, partners, and affiliates from any responsibility:	بالإشارة إلى ما سبق أنا أتحمّل المسؤولية و اتقبل العواقب المترتبة على قراري و أعفي جميع مقدمي الرعاية الصحية و المنشأة الصحية و طاقمها الطبي و شركائها و الجهات التابعة لها من أي مسؤولية أو تكلفة تنشأ عن ذلك:
Signature of applicant.....	توقيع مقدم الطلب:
Nurse signature.....	توقيع الممرض:

APPENDIX 2: Premarital Screening and Counselling description

<p>premarital medical examination is compulsory for couples who plan to marry in the United Arab of Emirates.</p> <p>Premarital Screening and Counselling for the most prevalent infectious diseases and common genetic disorders paves the way for a healthy reproductive life for couples. This is also an opportunity to meet with the physician who can address any other health concerns before your marriage.</p>	<p>الفحص الطبي قبل الزواج إلزامي للأزواج الذين يخططون للزواج في دولة الإمارات العربية المتحدة.</p> <p>الفحص و المشورة ما قبل الزواج لأكثر الأمراض المعدية انتشاراً و الاضطرابات الوراثية الشائعة يمهدان الطريق لحياة إنجابية صحية للأزواج وهي أيضاً فرصة للقاء الطبيب مما يكتنك من معالجة أي مخاوف صحية أخرى قبل زواجك.</p>
<p>Why is premarital testing important?</p> <ol style="list-style-type: none"> 1. Decreases congenital anomalies and can help prevent common inherited blood disorders such as thalassemia and sickle cell anaemia. 2. Decreases and prevents the transmission of some sexually transmitted diseases to the partner. 3. Reduces the mother-to-child transmission of some infectious diseases that might lead to congenital anomalies or mental retardation, and sometimes to death. 4. Alleviates anxiety especially if there is a family history of certain genetic diseases or consanguinity. 5. Decreases the financial, physical and psychological burden on families through proper diagnosis and counselling. 	<p>لماذا اختبار ما قبل الزواج مهم؟</p> <ol style="list-style-type: none"> 1. يقلل من حدوث التشوهات الخلقية و يمكن أن يمنع أمراض الدم الوراثية مثل الثلاسيميا و الأنيميا المنجلية. 2. تقليل انتقال بعض الأمراض المعدية المنقولة جنسيا إلى الطرف الآخر. 3. تقليل انتقال بعض الأمراض المعدية من الأم إلى الجنين التي قد تؤدي إلى تشوهات خلقية و إعاقة ذهنية و أحيانا الوفاة. 4. يخفف القلق خاصة إذا كان هناك تاريخ عائلي لبعض الأمراض الوراثية أو القرابة. 5. يقلل العبء المادي و الجسدي و النفسي على الأسر من خلال التشخيص و تقديم المشورة.
<p>What services are provided to couples through the premarital screening and counselling program?</p> <ol style="list-style-type: none"> 1. Review of medical and family history for genetic diseases. 2. Decreases and prevents the transmission of some sexually transmitted diseases to the partner. 3. Reduces the mother-to-child transmission of some infectious diseases that might lead to congenital anomalies or mental retardation, and sometimes to death. 4. Alleviates anxiety especially if there is a family history of certain genetic diseases or consanguinity. 	<p>ما هي الخدمات التي يتم تقديمها للأزواج من خلال برنامج الفحص و المشورة قبل الزواج؟</p> <ol style="list-style-type: none"> 1.مراجعة التاريخ الطبي وتاريخ العائلة للأمراض الوراثية. 2. التقليل من انتقال بعض الأمراض المنقولة جنسياً إلى الشريك و الوقاية منها. 3. الحد من انتقال بعض الأمراض المعدية من الأم إلى الطفل، والتي قد تؤدي إلى تشوهات خلقية أو تأخر عقلي، و أحياناً إلى الوفاة 4. التخفيف من القلق خاصة في حال وجود تاريخ عائلي لأمراض وراثية معينة أو زواج الأقارب

<p>5. Decreases the financial, physical and psychological burden on families through proper diagnosis and counselling.</p>	<p>5. تقليل العبء المالي و الجسدي و النفسي على الأسر من خلال التشخيص السليم و الاستشارة المناسبة</p>
<p>What services are provided to couples through the premarital screening and counselling program?</p> <ol style="list-style-type: none"> 1. Review of medical and family history for genetic diseases. 2. Carry out the blood tests included in the program. 3. Providing specialized consultations for cases as required. 4. Providing the necessary vaccines such as Rubella and Hepatitis B to susceptible individuals. 5. Provide Human papilloma vaccine for national females who didn't receive the vaccination before. 6. Providing health education and guidance on contraception, preconception, and healthy pregnancy. 	<p>ما هي الخدمات المقدمة للأزواج من خلال برنامج الفحص و المشورة ما قبل الزواج؟</p> <ol style="list-style-type: none"> 1. مراجعة التاريخ الطبي و العائلي للأمراض الوراثية 2. إجراء فحوصات الدم المشمولة في البرنامج 3. توفير استشارات متخصصة للحالات التي تستدعي ذلك. 4. توفير اللقاحات اللازمة مثل الحصبة الألمانية و التهاب الكبد (ب) للأفراد المعرضين للإصابة. 5. تقديم لقاح الورم الحليمي البشري للمواطنات الإناث اللواتي لم يتلقين التطعيم من قبل. 6. تقديم التثقيف الصحي على وسائل منع الحمل، ما قبل الحمل، و الحمل الصحي.
<p>What are the investigations included in the premarital examination and counselling program?</p> <ol style="list-style-type: none"> 1. Testing for infectious and sexually transmitted diseases, Including: <ul style="list-style-type: none"> • HIV / AIDS • Hepatitis B • Hepatitis C • Syphilis disease 2. Testing for inherited Blood disorder: <ul style="list-style-type: none"> • Beta-thalassemia • Sickle cell anaemia • Other hemoglobinopathies (blood disorders) 3. Other tests include: <ul style="list-style-type: none"> • Blood grouping and Rh factor • German measles (Rubella) immune status for female • Other tests as per case requirements <p>The above results are expected to be delivered within one week from the medical examination.</p>	<p>ما هي الفحوصات التي يشملها برنامج الفحص و المشورة ما قبل الزواج؟</p> <ol style="list-style-type: none"> 1- فحوصات الأمراض المعدية و المنقولة جنسياً و تشمل: <ul style="list-style-type: none"> • فيروس نقص المناعة المكتسبة / الإيدز • فيروس التهاب الكبد (ب) • فيرسة التهاب الكبد (ج) • داء الزهري 2- فحوصات اضطرابات الدم الوراثية، و تشمل: <ul style="list-style-type: none"> • بيتا ثلاسيميا (أنيميا البحر المتوسط) • فقر الدم المنجلي • اضطرابات الهيموجلوبين الأخرى 3- فحوصات أخرى و تشمل: <ul style="list-style-type: none"> • فصيلة الدم و العامل الريسوسي • حالة المناعة ضد الحصبة الألمانية (الروبيلا) للإناث • فحوصات إضافية أخرى حسب ما تتطلبه الحالة <p>من المتوقع أن يتم تسليم النتائج المذكورة أعلاه في غضون أسبوع واحد بعد الفحص الطبي.</p>

<p>4. Comprehensive genetic testing:</p> <ul style="list-style-type: none"> The comprehensive genetic testing list includes coverage of 570 genes and 840+ medical conditions. 	<p>4- الاختبارات الجينية الشاملة:</p> <ul style="list-style-type: none"> تشمل قائمة الاختبارات الجينية الشاملة 570 و أكثر من 840 حالة مرضية.
<p>Where does the premarital screening and counselling service is been provided?</p> <p>Premarital screening and counselling service is offered in DHA licensed facilities as applicable.</p>	<p>أين يتم تقديم خدمة الفحص و المشورة ما قبل الزواج؟</p> <p>يتم تقديم خدمة الفحص و الاستشارة قبل في المنشآت المرخصة من قبل هيئة الصحة بدبي حسب الاقتضاء.</p>
<p>What documents must be submitted for premarital screening and counselling?</p> <p>You will need to submit:</p> <ul style="list-style-type: none"> Original UAE Identity card for UAE residents A copy of your passport or identity card 2 colour passport photos (3.5 cm x 4.5 cm) showing the full face If you are below 18 years old, a parent must be present 	<p>ما هي الوثائق التي يجب تقديمها للفحص و المشورة ما قبل الزواج؟</p> <p>سوف تحتاج إلى تقديم:</p> <ul style="list-style-type: none"> بطاقة الهوية الأصلية للمقيمين في دولة الإمارات العربية المتحدة. نسخة من جواز سفرك أو بطاقة هويتك. عدد 2 صورة شخصية ملونة (3.5 سم x 4.5 سم) توضح الوجه بالكامل. إذا كان عمرك أقل من 18 عاماً، يجب أن يكون أحد الوالدين حاضراً.
<p>How long is the premarital screening report valid for?</p> <p>A medical report will be issued for each of the couple, valid for three months from the date of the examination.</p> <p>Note that the reports are valid for the same couples only and may not be replaced by other individual.</p>	<p>ما هي مدة صلاحية تقرير فحص ما قبل الزواج؟</p> <p>سوف يتم إصدار تقرير طبي لكل من الطرفين صالح لمدة ثلاثة أشهر من تاريخ إجراء الفحص.</p> <p>علماً بأن التقارير صالحة لنفس الطرفين فقط ولا يجوز استبدالها بأطرف أخرى.</p>
<p>Do I need to make any special preparations for the screening?</p> <p>You don't need to do any special preparation other than booking an appointment at the specialist clinic. And the doctor will meet the two couples, each person separately</p>	<p>ما هي الاستعدادات التي يجب علي القيام بها قبل التقدم للفحص و المشورة ما قبل الزواج؟</p> <p>لست بحاجة إلى القيام بأي عمل تحضيري خاص غير أخذ موعد من العيادة المختصة. سوف يقوم الطبيب بمقابلة كلا الطرفين كل شخص على انفراد.</p>
<p>What will happen if the test results are abnormal?</p> <p>After obtaining the consent of the individual that has Abnormal test results, the doctor will meet with both couples together and will provide further clarifications about your results and will explain the situation, answer your questions, address any</p>	<p>ما الذي سوف يحدث إذا كانت نتائج الفحوصات غير سليمة؟</p> <p>بعد أخذ موافقة الطرف الذي لديه نتائج غير سليمة، سوف يجتمع الطبيب مع كلا الطرفين معاً وسيقوم بتقديم المزيد من الإيضاحات عن النتائج الخاصة بك و سو يقوم بشرح الحالة، والإجابة عن أسئلتك، مناقشة أي مخاوف، واقتراح الإجراءات الملائمة والتحويل</p>

<p>concerns, and suggest appropriate procedures and refer to the specialist to provide a management or preventative plan as needed so that you can reach an informed decision. All information will be treated strictly confidential.</p>	<p>للطبيب المختص لوضع الخطة العلاجية أو الوقائية حسب الحاجة، لكي تتمكن من التوصل إلى قرار مدروس خاص بك. وسوف يتم التعامل مع جميع المعلومات بسرية تامة.</p>
<p>If the tests show an abnormality, or other possible high risk, does that mean the premarital screening report will not be issued?</p> <p>After providing the detailed explanation to the couple, the concerned couple must sign a declaration of informed results of premarital tests and then a pre-marital screening report is issued, as the decision to marry is up to the judicial authorities in the United Arab Emirates</p> <p>We recommend that premarital screening tests be done in advance so that you can take the necessary preventive and curative measures before marriage.</p>	<p>إذا كانت النتائج غير سليمة، هل هذا يعني أن تقرير الفحص و المشورة قبل الزواج لن يصدر؟</p> <p>بعد تقديم الشرح المفصل لكلا الطرفين، يجب على الأطراف المعنية التوقيع على إقرار العلم بالحالة، ومن ثم يتم إصدار تقرير فحص ما قبل الزواج، حيث أن قرار الزواج يعود إلى الجهات القضائية في دولة الإمارات العربية المتحدة.</p> <p>نوصي بأن تتم إجراءات فحوصات ما قبل الزواج بمدّة كافية حتى يتاح لك اتخاذ الإجراءات الوقائية والعلاجية اللازمة قبل الزواج</p>
<p>Is the presence of both individuals required in the counselling session?</p> <p>The presence of the couple is not required in the counselling session unless there are abnormal results for one of the individuals.</p>	<p>هل يلزم وجود الطرفين في جلسة المشورة؟</p> <p>لا يلزم وجود الطرفين في جلسة المشورة إلا في حال وجود نتائج غير سليمة لدى أحد الطرفين.</p>
<p>We would like to assure to all candidates that this program does not mean by any means to prohibit marriage, but rather to reduce the burden of certain preventable diseases.</p>	<p>ونود أن نؤكد لجميع المقبلين على الزواج أن هذا البرنامج لا يعني بأي وسيلة حظر الزواج، بل يهدف إلى تخفيف عبء بعض الأمراض التي من الممكن الوقاية منها.</p>

APPENDIX 3a: Premarital screening and counselling form visit (1)

استمارة الفحص الطبي و المشورة ما قبل الزواج (الزيارة الأولى)
Premarital Screening and counseling Form visit (1)

Code No.:	صورة شخصية لمقدم الطلب و ختم العيادة Photograph and clinic stamp
Date:	التاريخ:
Health Centre:	المركز الصحي:
Full Name:	الاسم الثلاثي:
Passport/ UAE ID No.:	رقم الجواز/ رقم الهوية:
Nationality:	الجنسية:
Date of Birth:	تاريخ الميلاد:
Gender:	الجنس:
Mobile No.:	رقم الهاتف:

Socio-Demographic Data

Education:
Occupation:

Consanguinity to the partner:
Sequence of marriage:

Medical / Surgical

H/O Sys Diseases	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify)*
H/O Surgeries	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify)*
H/O Blood Transfusion	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify)*
*Specify:		

H/O STI	<input type="checkbox"/> No	<input type="checkbox"/> Yes
H/O Current Medications	<input type="checkbox"/> No	<input type="checkbox"/> Yes
H/O Family & Genetic Problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Risk Behavior:

<p>1. Are you a</p> <ul style="list-style-type: none"> <input type="radio"/> Smoker (skip Q2) <input type="radio"/> Non-Smoker (skip Q2 & Q3) <input type="radio"/> Used to Smoke (skip Q3) <input type="radio"/> Passive smoker (skip Q2 and Q3) <p>2. If you were a smoker, what type of tobacco products did you use?</p> <ul style="list-style-type: none"> <input type="radio"/> Cigarettes <input type="radio"/> Shisha <input type="radio"/> Midwakh <input type="radio"/> Smokeless <input type="radio"/> Tobacco (i.e. chewable tobacco, snuff tobacco) <p>3. If you are a smoker, what type of tobacco products are you using?</p> <ul style="list-style-type: none"> <input type="radio"/> Cigarettes <input type="radio"/> Shisha <input type="radio"/> Midwakh <input type="radio"/> Pipe Smokeless Tobacco (i.e. chewable tobacco, snuff tobacco) 	<p>1. هل انت.....</p> <ul style="list-style-type: none"> <input type="radio"/> مدخن (تخطى السؤال 2) <input type="radio"/> غير مدخن (تخطى السؤال 2 و 3) <input type="radio"/> مدخن سابق (تخطى السؤال 3) <input type="radio"/> مدخن سلبي (تخطى السؤال 2 و 3) <p>2. اذا كنت مقلع عن التدخين، ما نوع التبغ الذي كنت تستخدمه؟</p> <ul style="list-style-type: none"> <input type="radio"/> سجايير <input type="radio"/> شيشة <input type="radio"/> مدواخ <input type="radio"/> شيشة إلكترونية <input type="radio"/> تبغ (التبغ القابل للمضغ، الشمه) <p>3. اذا كنت مدخن، ما نوع التبغ الذي تستخدمه؟</p> <ul style="list-style-type: none"> <input type="radio"/> سجايير <input type="radio"/> شيشة <input type="radio"/> مدواخ <input type="radio"/> شيشة إلكترونية <input type="radio"/> تبغ (التبغ القابل للمضغ، الشمه)
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If Previously Married:

Did he/she have children	<input type="radio"/> No <input type="radio"/> Yes (Specify)*
Previous child with congenital anomalies?	<input type="radio"/> No <input type="radio"/> Yes (Specify)*

Relevant Physical Examination

Height	Cm
Weight	Kg
BMI	
Blood Pressure	
Pulse	

Family History for Genetic Diseases & Pedigree (if +ve)

.....
.....

Attending Nurse Name:	Physician Name:
Signature:	Signature:

APPENDIX 3b: Premarital screening and counselling form visit (2) (follow-up)

استمارة الفحص الطبي و المشورة ما قبل الزواج (المتابعة)
Premarital Screening & Counselling Form (Follow up Visit)

Code No.:	
Vaccination	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify <input type="checkbox"/> MMR <input type="checkbox"/> Hepatitis B <input type="checkbox"/> HPV
Treatment	
Further Plan	
Scheduled for Revisit	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify the date.....
Contraceptive Methods Discussed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Education Booklet Given	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	....................

Full name	.....	الاسم الثلاثي
Passport No.	.....	رقم الجواز
Presently residing in	.....	مكان الإقامة الحالي
Nationality	.....	الجنسية
Date of Birth	.....	تاريخ الميلاد
Gender	.....	الجنس
Insurance No.	.....	رقم بطاقة التأمين
Contact No.	.....	رقم الهاتف
Medical record No.	.....	رقم الملف الطبي

Laboratory Investigations
*B-Thalassemia
Hgb Variant C:
Hgb Variant D:
Hgb Variant E:
*Hgb & RBC indices
*ABO Blood typing & Rh
Rubella (female) <input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune

*Syphilis test (Treponema <input type="checkbox"/> Reactive <input type="checkbox"/> Non- Reactive Pallidum) EIA/PRP
*HbsAg (Hepatitis B) <input type="checkbox"/> Positive <input type="checkbox"/> Negative
*HIV <input type="checkbox"/> Positive <input type="checkbox"/> Negative
*Anti HCV (Hepatitis C) Positive Negative

Assessment & Comments
<input type="checkbox"/> Normal <input type="checkbox"/> At Risk (specify)

تم مناقشة النتائج مع كلا الطرفين
Results were discussed in presence of other party

تم مناقشة النتائج مع مقدم الطلب كلا على حده
Results were discussed separately

<input type="checkbox"/> Report issued	<input type="checkbox"/> Report not issues, justify
--	---

Doctor's Name and Stamp:	اسم و ختم الطبيب:
Health Centre:	المركز الصحي:
Emirate:	الإمارة:

APPENDIX 4a: Information and instructions approval form for premarital genetic testing

المقدمة

- تمثل الجينات جزءًا من المادة الوراثية الموروثة من الآباء والتي يتم ترجمتها في الخلايا لإعطاء كل شخص خصائص جسدية شكلية ووظيفية.
- يحمل كل شخص نسختين من كل جين مما يعني أنه يرث نسخة من الأم ونسخة من الأب.
- توجد أنواع مختلفة من الأمراض الوراثية، بعضها متنحي والآخر سائد.
- الأمراض المتنحية تنتج عن وجود طفرة أو أكثر في النسختين من الجين الواحد ليظهر المرض، أما الأفراد الذين يحملون طفرة على نسخة واحدة من نسختي الجين المتنحي، فهؤلاء لا يعانون من المرض الوراثي لأن النسخة السليمة من الجين ما زالت تعمل، لكنهم يكونون حاملين وناقليين للمرض.
- عند زواج طرفين حاملين لطفرة أو طفرات في نفس الجين، فإن احتمالية إنجابهم أطفالاً مصابين بالمرض الوراثي المرتبط بهذا الجين تكون بنسبة 25% مع كل حمل. وبفضل التقنيات الحديثة المتوفرة في دولة الإمارات العربية المتحدة يمكن تقليل هذه الاحتمالية بفاعلية كبيرة.
- من الجدير بالذكر أن فحص ما قبل الزواج الوراثي الحالي يوفر معلومات عن أمراض خضاب الدم الوراثية فقط (الأنيما المنجلية والثلاسيميا)، وحرصًا من الدولة على صحة رعاياها وصحة أجيالهم القادمة فقد قامت بتشييد هذا البرنامج الذي يتضمن الكشف على مئات الجينات المتنحية.

الهدف من البرنامج

- يهدف هذا البرنامج الوقائي إلى الكشف عن حاملي بعض الأمراض الوراثية المتنحية من المقبلين على الزواج للكشف عن احتمالية إنجابهم أطفالاً مصابين بأمراض وراثية مزمنة وخطيرة ويصعب علاجها في المستقبل.
- يشمل البرنامج أيضًا تقديم المشورة الطبية السليمة لحاملي الأمراض الوراثية المتنحية لإنجاب أبناء أصحاء وتقليل نسبة (إن لم يكن منع) إصابة أبنائهم بهذه الأمراض الوراثية باستخدام التقنيات العالمية الحديثة.
- هذا البرنامج اختياري حاليًا وليس إلزاميًا.

خطوات الفحص

- شرح مفصل من قبل طبيب المركز الصحي لأهداف هذا الفحص وإمكانياته وفوائده وتحدياته للطرفين المقبلين على الزواج.
- توقيع الإقرار الوراثي من كلا الطرفين والتوقيع على الموافقة على المشاركة في هذا البرنامج.
- أخذ عينة دم من كلا الطرفين المقبلين على الزواج.
- إرسال عينات الدم لمعامل مرجعية في دولة الإمارات لعمل التسلسل الجيني الكامل أو الجزئي والذي يشمل فقط بعض الأمراض الوراثية المتنحية التي تسبب أمراضًا وراثية خطيرة يصعب علاجها.
- يقوم المعمل بعمل تقرير وراثي مشترك لكلا الطرفين سواء في حالة عدم وجود أو وجود طفرة أو طفرات في نفس الجين بالنسبة للجينات المختبرة، وتكون النتيجة سلبية أو إيجابية فقط في هذا التقرير للحفاظ على سرية النتائج وخصوصية الطرفين.
- يوفر المعمل تقارير وراثية فردية لكل مشارك في حال وجدت طفرة أو طفرات متنحية مسببة للمرض في نفس الجين لدى الطرفين المشاركين.
- يرسل المعمل النتيجة لطبيب المركز في مدة أقصاها أسبوعان، ويقوم طبيب المركز بشرح النتائج لكلا الطرفين المقبلين على الزواج معًا.



- في حال وجود طفرة أو طفرات قد تسبب مرضًا وراثيًا للأطفال، يقوم طبيب أمراض وراثية متخصص بشرح هذه النتائج للطرفين وشرح الطرق العلمية الحديثة لتفادي هذه الطفرات عند الرغبة في الإنجاب.

تحديات الفحص

1. لا يشمل هذا الفحص الكشف عن جميع الأمراض الوراثية المتنحية الممكنة.
2. التقنية المستخدمة قد لا تكشف عن جميع الطفرات الممكنة في بعض الجينات.
3. لا يشمل هذا الفحص أنواع الأمراض الوراثية الأخرى مثل الأمراض السائدة أو الأمراض المرتبطة بالجينات المتواجدة على الكروموسومات الجنسية.
4. لا يشمل هذا الفحص الأمراض الناتجة عن خلل في الكروموسومات الوراثية (المادة الوراثية الحاملة للجينات).
5. من المهم الحصول على معلومات دقيقة من كلا الطرفين تشمل التاريخ المرضي لكل منهما وللعائلتين لتفسير الجينات بشكل صحيح.

APPENDIX 4b: Information and instructions to be acknowledged before participating in the preventive program for pre-marital genetic screening

Introduction

- Genes are part of the genetic material inherited from parents. They are translated inside cells to give each person the physical and functional characteristics of their body.
- Everyone carries two copies of each gene because they inherit one copy from their mother and one from their father.
- There are different types of genetic diseases, some are recessive, and others are dominant.
- Recessive diseases result from the existence of one or more mutations in the two copies of a gene for the disease to appear. Individuals who carry a mutation on only one copy of the two copies of the recessive gene do not suffer from genetic disease, because the healthy copy of the gene is still working, but they carry and transmit the disease.
- When two people who carry one or two mutations in the same gene get married, the probability of them having children affected by the genetic disease related to this gene is 25% at each pregnancy.
- The current genetic premarital screening provides information on genetic hemoglobin diseases only (sickle cell anaemia and thalassemia). However, to protect the health of its people and future generations, the country has created this program, which includes the detection of hundreds of recessive genes.

Objective of the program

- This preventive program aims to identify carriers of some recessive genetic diseases who are planning to get married, to reveal the possibility of them having children with chronic and dangerous genetic diseases that are difficult to treat in the future.
- This program also includes providing sound medical advice to carriers of recessive genetic diseases enabling them to have healthy children and reduce (if not prevent) these genetic diseases through modern global technologies.
- This program is currently optional and not mandatory.

Screening steps

- The health center doctor provides a detailed explanation about the objectives, capabilities, benefits and challenges of this screening, to the two parties planning to get married.
- The two parties sign the genetic acknowledgment and consent form to participate in this program.
- A blood sample is taken from the two parties who are planning to get married.
- Blood samples are sent to G42 laboratories in the UAE for complete or partial genetic sequencing, which includes only some recessive genetic diseases that cause serious genetic diseases that are difficult to treat as previously mentioned.
- The lab will make a joint genetic report for the two parties if a pathogenic or likely pathogenic mutation or mutations that cause/ often cause the disease only in the same gene are found.
- The lab sends the result to the center's doctor within a maximum period of 3 weeks, and then the doctor explains the results to the two parties who are about to get married.
- In case a mutation / mutation that may cause a genetic disease in children exists, a specialist geneticist will explain these results to the two parties along with modern scientific methods to avoid these mutations when planning to have children.

Screening Challenges

- This screening does not include detection of all possible recessive genetic diseases.
- The technique used may not detect all possible mutations in some genes.
- This screening does not include other types of genetic diseases such as dominant diseases or diseases related to genes that exist in the sex chromosome material.
- This screening does not include diseases resulting from a defect in the hereditary chromosomes (the genetic

material that carries the genes).

- It is very important to obtain accurate information from both parties, including the medical history of the two parties and their families, to make correct genetic interpretation.

APPENDIX 5: Premarital screening and counselling risk assessment

تقييم الفحص و المشورة ما قبل الزواج Premarital Screening and counseling risk assessment	
<p>Premarital certificate should be issued after proper counselling for both couples:</p> <ul style="list-style-type: none"> ○ Both couples are with normal screening results <ul style="list-style-type: none"> • No risk for either the other partner or children to be carrier or diseased. ○ One partner has one of the haemoglobinopathies traits and the other is free. <ul style="list-style-type: none"> • No risk for either the other partner or children to be diseased. • 50% chance (with each pregnancy) to get a child with the same trait (carrier). • 50% chance (with each pregnancy) to get a normal healthy child. <ul style="list-style-type: none"> ○ One partner has one of the haemoglobinopathies diseases and the other is free • No risk for either the other partner or children to be diseased. <ul style="list-style-type: none"> ○ 100% chance to get all children with the same trait (carrier) <p>•Both couples have abnormal</p>	<p>لا يصدر تقييم الفحص الطبي إلا بعد تقديم الاستشارة الطبية للطرفين</p> <p>1. نتائج الطرفين سليمة:</p> <ul style="list-style-type: none"> • لا توجد خطورة على الطرف الآخر و الطفل <p>2. إذا كان أحد الطرفين حامل لصفة وراثية مرضية و الطرف الآخر سليم:</p> <ul style="list-style-type: none"> • لا توجد خطورة للإصابة بالمرض على الطرف الآخر و الأطفال • 50% احتمالية (مع كل حمل) أن يكون الطفل سليم • 50% احتمالية (مع كل حمل) أن يكون طفل حامل لصفة وراثية <p>3. أحد الطرفين مصاب بمرض من أمراض الدم الوراثية و الطرف الآخر سليم:</p> <ul style="list-style-type: none"> • لا توجد خطورة للإصابة بالمرض على الطرف الآخر و الأطفال • 100% احتمالية (مع كل حمل) أن يكون الطفل حامل لصفة وراثية <p>4. الطرفين حاملين للصفة الوراثية المرضية:</p> <ul style="list-style-type: none"> • لا توجد خطورة على الطرف الآخر • 25% احتمالية (مع كل حمل) أن يكون الطفل سليم • 50% احتمالية (مع كل حمل) أن يكون الطفل حامل للصفة الوراثية المرضية • 25% احتمالية (مع كل حمل) أن يكون الطفل مصاب بالمرض مع الحاجة لنقل دم مستمر في المستقبل



<p>hemoglobin trait (both are carriers):</p> <ul style="list-style-type: none"> No risk for the other partner 25% chance to get a normal child without the disease with each pregnancy. 50% chance to have a child with the same trait (carrier). 25% chance (with each pregnancy) to have a child with blood disease who will be always under regular blood transfusion. <p>5. One partner has hemoglobin disease and the other has trait.</p> <ul style="list-style-type: none"> No risk for the other partner 50% chance (with each pregnancy) to get a child with trait (carrier). 50% chance (with each pregnancy) to get a child with blood disease who will be always under regular blood transfusion. <p>6. Both couples have hemoglobin diseases</p> <ul style="list-style-type: none"> No risk for the other partner. 100% chance (with each pregnancy) to get a child with blood disease who will be always under regular blood transfusion. 	<p>5. أحد الطرفين مصاب بمرض من أمراض الدم الوراثية و الطرف الآخر سليم:</p> <ul style="list-style-type: none"> لا توجد خطورة للإصابة بالمرض على الطرف الآخر و الأطفال 50% احتمالية (مع كل حمل) أن يكون طفل حامل لصفة وراثية مرضية 50% احتمالية (مع كل حمل) أن يكون الطفل مصاب بالمرض مع الحاجة لنقل دم مستمر في المستقبل <p>5. الطرفين حاملين للصفة الوراثية المرضية:</p> <ul style="list-style-type: none"> لا توجد خطورة على الطرف الآخر 100% احتمالية (مع كل حمل) أن يكون الطفل مصاب بالمرض مع الحاجة لنقل دم مستمر في المستقبل
<p>Second: occasions related to the sexually</p>	<p>ثانياً: الحالات الخاصة بالأمراض المعدية:</p>

<p>transmitted disease</p> <p>1. One partner is HIV positive</p> <ul style="list-style-type: none"> One of the parties is infected with HIV and is receiving the necessary treatment. Supported by a report in Arabic / English from an infectious disease specialist. All precautions and advice were given to reduce the risk of HIV transmission to the other partner and children. <p>2. One partner is HBV positive:</p> <ul style="list-style-type: none"> All precautions and advice were given to reduce the risk of hepatitis B virus transmission to the other partner and children. The second partner is immune/received the vaccine to reduce the risk of getting the disease. <p>3. One with HCV positive:</p> <ul style="list-style-type: none"> The risk of its transmission is rare via normal marital relations. All precautions and advice were given to reduce the risk of hepatitis C virus transmission to the other partner and children. <p>4. One with VDRL positive/STI positive</p>	<p>1. أحد الطرفين مصاب بفيروس نقص المناعة:</p> <ul style="list-style-type: none"> أحد الاطرفين مصاب بفيروس نقص المناعة المكتسبة و يتلقى العلاج اللازم. مدعم بتقرير باللغة العربية/الإنجليزية من أخصائي الأمراض المعدية تم تقديم و شرح الاحتياطات اللازمة لتقليل فرص انتقال الفيروس للطرف الآخر <p>2. أحد الطرفين مصاب بالتهاب الكبد (ب):</p> <ul style="list-style-type: none"> تم إعطاء الطرف الآخر تطعيم ضد فيروس التهاب الكبد (ب) للوقاية ضد المرض تم تقديم و شرح الاحتياطات اللازم اتخاذها لتقليل فرص انتقال الفيروس للطرف الآخر و الأطفال <p>3. أحد الطرفين مصاب بالتهاب الكبد (C):</p> <ul style="list-style-type: none"> خطورة انتقال المرض عن طريق الاتصال الجنسي تعد نادرة جداً تم تقديم و شرح الاحتياطات اللازم اتخاذها لتقليل فرص انتقال الفيروس للطرف الآخر و الأطفال <p>4. أحد الطرفين مصاب بأحد الأمراض المعدية مثل الزهري:</p> <ul style="list-style-type: none"> إذا لم تتم معالجة الشريك المصاب بشكل كامل: هناك خطر انتقال المرض إلى الشريك الآخر تم إعطاء جميع الاحتياطات و النصائح للحد من مخاطر انتقال العدوى إلى الشريك الآخر و الأطفال إذا تم علاج الشريك المصاب بشكل كامل،
--	---

<ul style="list-style-type: none"> • If the affected partner is not fully treated: • There is risk of disease transmission to the other partner. • All precautions and advice were given to reduce the risk of infection transmission to the other partner and children. • If the affected partner is fully treated No risk of infection transmission to the other partner. 	<p>فلا يوجد خطر من انتقال العدوى إلى الشريك الآخر</p>
<p>Third: Cases of genetic test results</p> <p>1. Both couples are with normal screening result</p> <ul style="list-style-type: none"> • No risk for either the other partner or children to be carrier or diseased. <p>2. Non-compatible couples</p> <ul style="list-style-type: none"> • There is a chance to get child with genetic disorders. • Recommend referral to a clinical geneticist or genetic counselor. 	<p>ثالثاً: الحالات الخاصة بنتائج الفحوصات الجينية</p> <p>1. التوافق بين نتائج الطرفين سليم</p> <ul style="list-style-type: none"> • لا توجد خطورة على الطرف الآخر و الأطفال <p>2. عدم توافق بين نتائج الطرفين</p> <ul style="list-style-type: none"> • هناك فرصة لإنجاب طفل مصاب باضطرابات وراثية • يوصى إلى أخصائي علم الوراثة الإكلينيكي أو مستشار وراثي لمزيد من التوضيح للنتائج و التوصيات

APPENDIX 6: Premarital screening and counselling couple report



الشهادة الإلكترونية للفحص الطبي والمشورة لما قبل الزواج Premarital Screening and Counselling Electronic Certificate

First Party Details (MALE)				الطرف الأول "الذكر"	Second Party Details (FEMALE)				الطرف الثاني "الأنثى"
Name				الإسم	Name				الإسم
MRN				رقم السجل الطبي	MRN				رقم السجل الطبي
Passport/EID Number				رقم جواز السفر أو الهوية	Passport/EID Number				رقم جواز السفر أو الهوية
Nationality				الجنسية	Nationality				الجنسية
Condition	مصنوب	حامل	سليم	الحالة المرضية	Condition	مصنوب	حامل	سليم	الحالة المرضية
	Diseased	Carrier	Normal			Diseased	Carrier	Normal	
Sickle Cell	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	الأنيميا المنجلية	Sickle Cell	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	الأنيميا المنجلية
B-Thalassemia	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	بيتا - الثلاسيميا	B-Thalassemia	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	بيتا - الثلاسيميا
Hemoglobin Variant (C,D,E,Lepore,O Arab)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	اختلافات الهيموجلوبين (C,D,E,Lepore,O Arab)	Hemoglobin Variant (C,D,E,Lepore,O Arab)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	اختلافات الهيموجلوبين (C,D,E,Lepore,O Arab)
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	فحص التهاب الكبد (ب)	Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	فحص التهاب الكبد (ب)
Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	فحص التهاب الكبد (ج)	Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	فحص التهاب الكبد (ج)
Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	فحص الزهري	Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	فحص الزهري
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	فحص نقص المناعة المكتسبة	HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	فحص نقص المناعة المكتسبة
Genetic Screening Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	الفحص الجيني الشامل	Genetic Screening Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	الفحص الجيني الشامل
Physician's Comments on the case (for the Judicial Department and the risks (in Arabic)					ملاحظات الطبيب على الحالة (للدائرة القضائية) والمخاطر المصاحبة للح				
Test									
Certificate Issuance Date					تاريخ إصدار الشهادة				
Physician Name					اسم الطبيب				

Disclaimer:

1. The premarital medical examination does not assess fertility or guarantee that children will be free from diseases.
2. This certificate is issued solely for the purpose of completing marriage process within the UAE for the specified parties and is valid for three months from the date of issuance.
3. This certificate is electronically generated from Dubai Health and does not require further verification.
4. In case of disease, the concerned parties are informed about the result and mode of transmission and the necessary preventive measures
5. This certificate is invalid if altered or modified in any way.

- إخلاء مسؤولية:
1. الفحص الطبي قبل الزواج وما يشمله من إجراءات لا يقيم القدرة على الإنجاب، ولا يضمن ولادة أطفال خالين من الأمراض.
 2. هذه الشهادة تصدر فقط لغرض استكمال إجراءات الزواج داخل الدولة للطرفين المذكورين، وصالحة لمدة ثلاثة أشهر من تاريخ إصدارها.
 3. تم إصدار هذه الشهادة إلكترونياً من قبل "دبي الصحية"، ولا يتطلب إجراءات تحقق إضافية.
 4. في حال وجود حالات مرضية، يتم إبلاغ الطرفين ومناقشة طرق الانتقال والإجراءات الوقائية.
 5. أي تغييرات أو تعديلات على هذه الشهادة تجعلها غير صالحة للاستخدام.



APPENDIX 7a: Declaration of informed results or premarital genetic testing (For Applicant)

إقرار اعلام بنتائج الفحوصات الجينية ما قبل الزواج (للمريض) Declaration of informed results of premarital genetic testing (For Patient)	
<p>I [_____], hereby acknowledge the following:</p> <ol style="list-style-type: none"> 1. My premarital genetic screening results revealed a shared genetic risk carried by both me and my proposed partner. Our positive results indicate that we have a significant risk for our future children to be affected with a genetic disorder. 2. I have received comprehensive counselling regarding this genetic finding, including detailed information about the specific risks to our future children and the available options for prevention. <p>I understand and accept the shared genetic risk and wish to proceed with obtaining a marriage certificate with my partner. By signing this form, I take responsibility for the decision to proceed despite the shared genetic risk identified through premarital genetic screening and identified during the counselling session. The Premarital Screening Unit at ADPHC will follow up with you to offer guidance and support. They will contact you to discuss your results, answer any questions, and guide you on the next steps. If you have any immediate concerns, you can reach the unit directly at Premarital Screening</p> <p>Signature: _____ Date: _____</p>	<p>أنا [_____]، أقر بموجب هذا بما يلي:</p> <ol style="list-style-type: none"> 1. كشفت نتائج الفحص الجيني قبل الزواج عن وجود طفرة جينية مشتركة بيني وبين شريكي المقترح. تشير نتائجنا الإيجابية إلى أن لدينا خطرًا كبيرًا محتملاً على أطفالنا المستقبليين للإصابة باضطراب وراثي. 2. لقد تلقيت مشورة شاملة بشأن هذه النتيجة الجينية، بما في ذلك معلومات مفصلة حول المخاطر المحددة التي يتعرض لها أطفالنا في المستقبل والخيارات المتاحة للوقاية <p>افهم المخاطر الجينية المشتركة وأقبل بها وأرغب في المشي قدمًا في الحصول على شهادة زواج مع هذا الشريك. من خلال التوقيع على هذا النموذج، أتحمّل مسؤولية قرار المضي قدمًا على الرغم من المخاطر الجينية المشتركة التي تم تحديدها من خلال المشورة و الفحص الجيني قبل الزواج. ستقوم وحدة الفحص قبل الزواج في بمتابعتك لتقديم التوجيه والدعم. سيقومون بالاتصال بك لمناقشة نتائجك و الإجابة على أي أسئلة و توجيههم بشأن الخطوات التالية. إذا كانت لديك أي استفسارات عاجلة، يمكنك التواصل مباشرة مع الوحدة</p> <p>التوقيع _____ التاريخ _____</p>

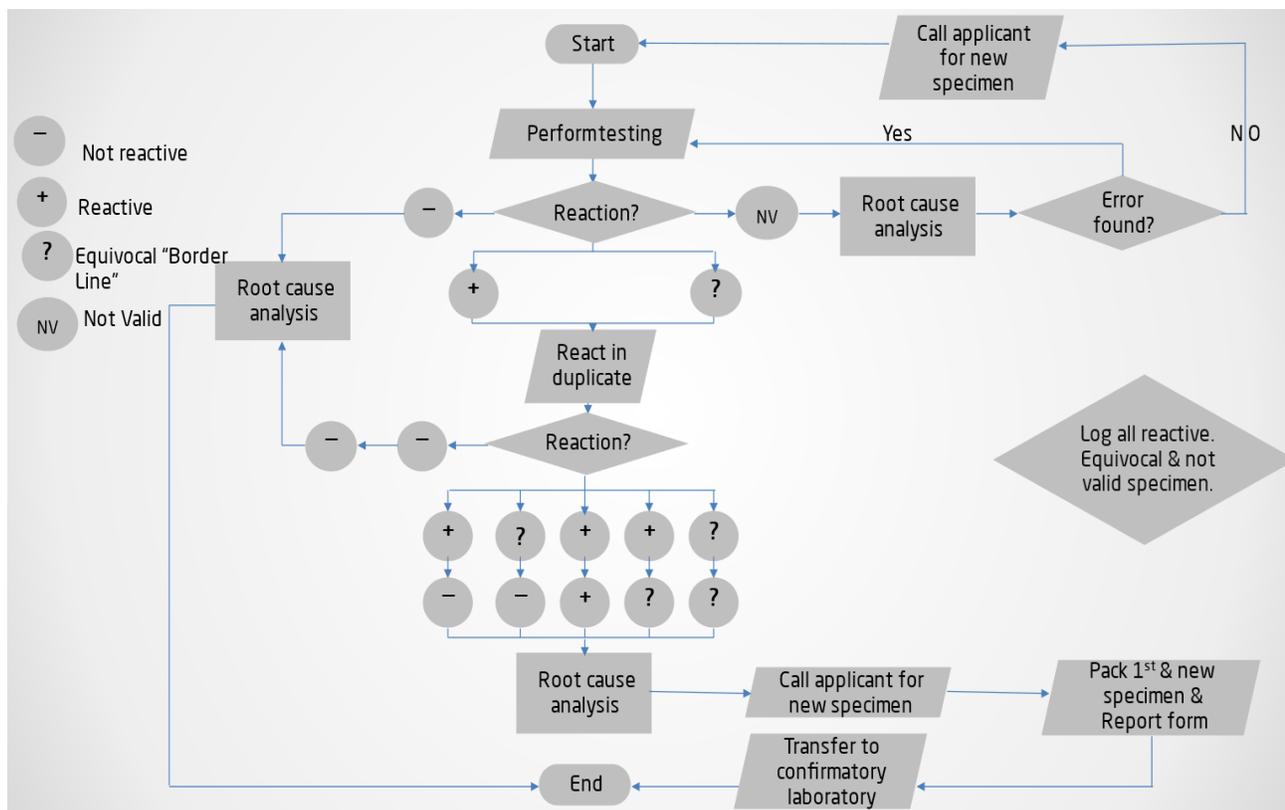
APPENDIX 7b: Declaration of informed results of premarital tests (For Applicant)

إقرار اعلام بنتائج الفحص الطبي و المشورة ما قبل الزواج الخاص (بمقدم الطلب) Declaration of informed results or premarital test (for Applicant)	
I the undersigned	أنا الموقع أدناه.....
Passport / UAE ID Number	حامل جواز سفر / خلاصة قيد / بطاقة الهوية رقم.....
I hereby Declare that I was informed with the results of my pre-marital screening tests,	أقر بأنه قد تم إعلامي بنتائج فحوصات ما قبل الزواج
Based on the test results I decided to:	و بناء عليه فقد أتخذ القرار:
<input type="checkbox"/> Inform the other party with the results and proceed with issuing the premarital certificate.	<input type="checkbox"/> اعلام الطرف الآخر بنتائج الفحص و تكملة اصدار شهادة فحص ما قبل الزواج
<input type="checkbox"/> Decline to share my test results with other party and cancel issuing the premarital certificate	<input type="checkbox"/> عدم اعلام الطرف الآخر و الغاء اصدار شهادة فحص ما قبل الزواج
Name.....	الاسم
Signature.....	التوقيع
Date.....	التاريخ
Witness name.....	اسم الشاهد
Signature.....	التوقيع
Date.....	التاريخ
Attending Staff.....	اسم الموظف
Signature.....	توقيع الموظف
Date.....	التاريخ

APPENDIX 8: Authorization of Premarital Medical Examination Agreement (For Applicant)

إقرار تفويض استلام شهادة الفحص الطبي و المشورة ما قبل الزواج خاص (بمقدم الطلب) Authorization of Premarital Medical Examination Agreement (For Applicant)	
I the undersigned	أنا الموقع أدناه.....
Passport / UAE ID Number	حامل جواز سفر / خلاصة قيد / بطاقة هوية
.....	رقم.....
Will hereby delegate the issuance of my pre-marital Medical Certificate	وبهذا أفوض استلام شهادة الفحص الطبي ما قبل الزواج
To	إلى.....
With Identification attached	مع ارفاق البطاقة الشخصية الخاصة به
Name.....	الاسم.....
Signature.....	التوقيع.....
Date.....	التاريخ.....
Relation to the main applicant.....	علاقته بصاحب الطلب.....
Witness name.....	اسم الشاهد.....
Signature.....	التوقيع.....
Date.....	التاريخ.....
Received by	اسم المستلم.....
Signature	التوقيع.....
Date.....	التاريخ.....
Attending Staff.....	اسم الموظف.....
Signature.....	توقيع الموظف.....
Date.....	التاريخ.....

APPENDIX 9: Laboratory testing pathway for infectious disease

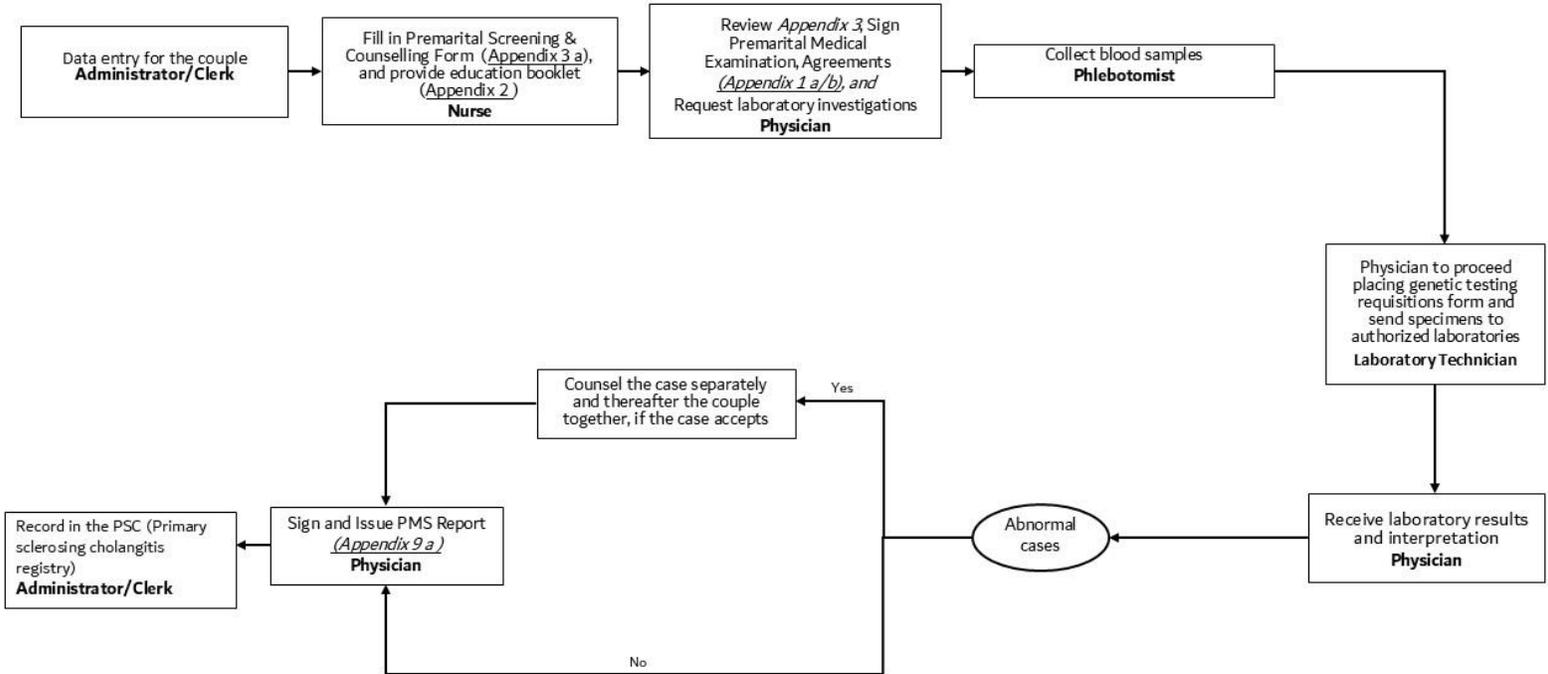


APPENDIX 10: List of tested genes (doesn't include X or Y linked or AD genes and not all AR diseases)

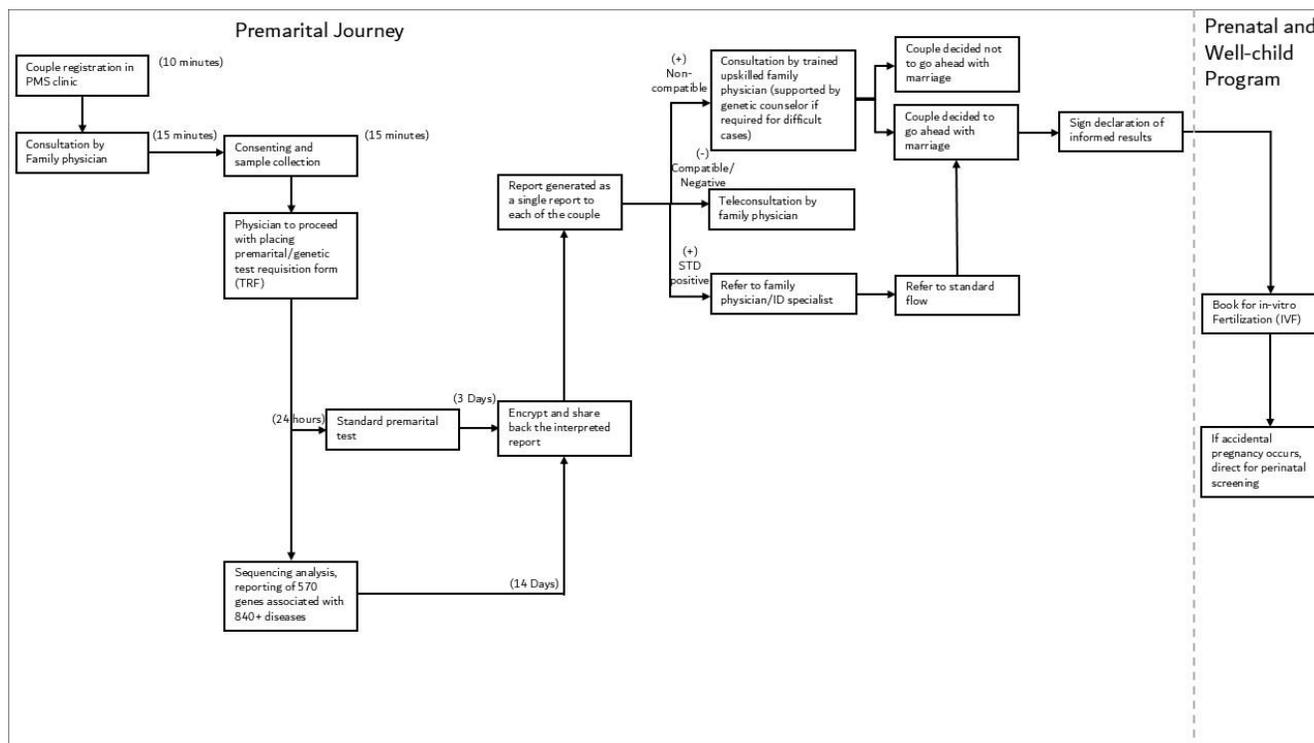
AAAS	ACADM	ADAR	AGPS	ALDOB	APOB	ASS1	BBS1	GALNT3	GP6	HMGCS2
ABCA4	ACADS	ADAT3	AGXT	ALG6	ARG1	ATM	BBS2	GALT	GP9	HOGA1
ABCB11	ACADSB	ADGRG1	AIRE	ALMS1	ARSA	ATP13A2	BBS4	GAMT	GPSM2	HPS1
ABCC6	ACADVL	ADGRG1 (GPR56)	AK2	ALOX12B	ARSB	ATP6V1B1	BBS7	GAS8	GRHPR	HPS3
ABCC8	ACAT1	ADGRV1	ALB	ALPL	ASL	ATP7B	BBS9	GATM	GRXCR1	HPS4
ABCC9	ACOX1	ADK	ALDH3A2	AMT	ASNS	B3GAT3	BCKDHA	GBA1 (GBA)	GSS	HPS5
ABCD4	ADA	AGA	ALDH3A2 (FALDH)	AP1S1	ASPA	BBS1	BCKDHB	GBE1	GUCY2D	HPS6
ACAD9	ADAMTS2	AGL	ALDH7A1	AP3B1	ASPM	BBS10	BCS1L	GCDH	GUSB	HSD11B2
BLM	CAPN3	CCDC65	CEP290	CLCNKB	CNGA3	COL7A1	CPT1A	GCH1	GYS2	HSD17B3
BRIP1	CASQ2	CCN6 (WISP3)	CERKL	CLDN14	CNGB3	COLQ	CPT2	GCSH	HADH	HSD17B4
BSND	CBLIF (GIF)	CCNO	CFAP298 (C21ORF59)	CLN3	COA6	COQ5	CRB1	GDF5	HADHA	HSD3B2
BTD	CBS	CD3D	CFTR	CLN5	COL11A1	COQ6	CRPPA	GFPT1	HADHB	HSD3B7
CA2	CC2D2A	CD3E	CHAT	CLN6	COL11A2	COQ8A	CSRP3	GGCX	HAMP	HYDIN
CA5A	CCDC103	CDH23	CHRNE	CLN8	COL3A1	CORO1A	CTNS	GH1	HAX1	IDUA
CAD	CCDC39	CDK5RAP2	CIB2	CLPP	COL4A3	COX6A1	CTSD	GIPC3	HBA1	IL2RA
CANT1	CCDC40	CDKN2A	CISD2	CLRN1	COL4A4	CPS1	CTSF	GJB2	HBA2	IL7R
CTSK	CYP27B1	DHDDS	DNAAF5	DNMT3B	DUOX2	ELP1	ETHE1	GJB6	HBB	ILDR1
CUL7	CYP2U1	DHFR	DNAH11	DOCK8	DUOXA2	ENG	EXOSC3	GLB1	HBG2	INPP5E
CYP11B1	DBT	DLI	DNAH5	DOK7	DYSF	ERCC2	EYS	GLDC	HEPACAM	INPPL1
CYP11B2	DCLRE1C	DNAAF1	DNAI1	DPYD	EDAR	ESPN	F10	GMPPA	HEXA	INS
CYP17A1	DDC	DNAAF11 (LRRC6)	DNAI2	DRC1	EDN3	ESRRB	F11	GNE	HEXB	ITGA2B
CYP1B1	DES	DNAAF2	DNAJB13	DSC2	EDNRB	ETFA	F12	GNPAT	HGD	ITK
CYP21A2	DGUOK	DNAAF3	DNAJC12	DSG2	EIF2B5	ETFB	F13A1	GNPTAB	HGF	IVD
CYP27A1	DHCR7	DNAAF4 (DYX1C1)	DNAL1	DSP	ELN	ETFDH	F13B	GNPTG	HGSNAT	IYD
F2	FAM161A	FANCE	FANCL	FGF3	FKTN	FUCA1	GALC	GNS	HJV	JAK3
F5	FANCA	FANCF	FBP1	FGFR3	FOLR1	G6PC	GALE	GORAB	HJV (HFE2)	JUP
F7	FANCC	FANCG	FBXL4	FH	FOXE1	G6PC1 (G6PC)	GALK1	GOT2	HLCS	KARS1 (KARS)
FAH	FANCD2	FANCI	FCGR3A	FKRP	FTO	GAA	GALNS	GP1BB	HMGCL	KCNE1

KCNQ1	MCIDAS	MTRR	OTOF	PKHD1	RAB23	SCNN1G	SLC39A4	TG	UNC13D
KCTD7	MCOLN1	MTPP	OTOG	PLA2G6	RAG1	SDHB	SLC4A11	TGM1	UROS
LAMA3	MED17	MUT	OTOGL	PLAU	RAG2	SDHD	SLC7A7	TH	USH1C
LAMB2	MEFV	MYO15A	P3H1 (LEPRE1)	PLOD1	RAPSN	SEPSECS	SLITRK6	TMC1	USH1G
LAMB3	MEGF10	MYO6	PAH	PLPBP	RARS2	SERPINA1	SMN1*	TMEM138	USH2A
LAMC2	MFSDB	MYO7A	PC	PMM2	RBP3	SERPINC1	SMPD1	TMEM216	VPS13A
LARGE1	MIF (GIF)	NAGLU	PCCA	PNPLA6	RDH12	SGCA	SNAI2	TMIE	VPS13B
LARS2	MKKS	NAGS	PCCB	PNPO	RDX	SGCB	SNAP29	TMPRSS3	VPS13B (COH1)
LCA5	MKS1	NBEAL2	PCDH15	POLG	RECQL4	SGCG	SNX10	TNNI3	VPS53
LDLR	MLC1	NBN	PCSK1	POMGNT1	RMRP	SGSH	SPAG1	TPI1	VRK1
LDLRAP1	MMAA	NDUFAF6	PDHB	POMT1	RNASEH2A	SLC12A3	SPINK5	TPK1	WHRN
LHCGR	MMAB	NEB	PDX1	PPT1	RNASEH2B	SLC12A6	SPR	TPO	WWOX
LHX3	MMACHC	NEK2	PEPD	PRF1	RNASEH2C	SLC17A5	SRD5A3	TPP1	XPA
LIFR	MMADHC	NPC1	PET100	PROC	RPE65	SLC18A2	ST3GAL5	TPRN	XPC
LIPA	MMUT (MUT)	NPC2	PEX1	PROP1	RSPH1	SLC22A5	STRC	TRAPPC11	XYLT1
LMBRD1	MOCS1	NPHP1	PEX10	PROS1	RSPH3	SLC25A13	SUMF1	TRDN	ZAP70
LOXHD1	MOCS2	NPHS1	PEX12	PSAP	RTEL1	SLC25A15	SUOX	TREX1	ZFYVE26
LPL	MPI	NPHS2	PEX16	PSAT1	S1PR2	SLC25A19	TALDO1	TRIM37	ZMYND10
LRP2	MPL	NSUN2	PEX2	PSPH	SACS	SLC25A20	TAT	TRIOBP	ZNF513
LRPPRC	MPV17	NTRK1	PEX26	PTEN	SAMHD1	SLC26A2	TBC1D24	TSEN2	
LRPPRC	MRAP	OAT	PEX6	PTPRC	SARS1	SLC26A3	TBX19	TSEN34	
LRTOMT	MRE11	ODAD1 (CCDC114)	PEX7	PTS	SBDS	SLC26A4	TCAP	TSEN54	
LYST	MSRB3	ODAD2 (ARMC4)	PFKM	PUS1	SCN1B	SLC2A1	TCIRG1	TTC8	
MAN2B1	MT3 (GIF)	ODAD3 (CCDC151)	PHGDH	PYCR1	SCN4A	SLC2A10	TCN2	TTN	
MARVELD2	MTHFR	ODAD4 (TTC25)	PHKG2	PYGL	SCN5A	SLC2A9	TECPR2	TTPA	
MCCC1	MTHFS	OPA3	PIK3CD	PYGM	SCNN1A	SLC35A3	TECTA	UBR1	
MCCC2	MTR	OTOA	PJVK (DFNB59)	QDPR	SCNN1B	SLC37A4	TFR2	UGT1A1	

APPENDIX 11: Premarital Screening Flowchart



APPENDIX 12: Expansion of Premarital screening general Workflow



*Couples must be informed that this Premarital genetic screening does not cover/detect all genetic disorders or diseases. PMS Genetic Panel will be updated regularly.

*If the couples have other known genetic diseases in the family that are not part of the PMS genetic panel, they should consult with a clinical geneticist.

Conditions not mentioned in the premarital genetic testing panel, are excluded from PMS workflow.

APPENDIX 13: The basic components of the Premarital Screening and Counselling Program

Package

No	Lab tests
1	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
2	Blood count; blood smear, microscopic examination without manual differential WBC count
3	Blood typing; ABO
4	Blood typing; Rh (D)
5	Haemoglobin fractionation and quantitation; chromatography (e.g., A2, S, C, and/or F)
6	HBs Ag
7	HCV Ab
8	HIV Ab, HIV 1 & 2 Ab
9	RPR, VDRL, HPV
10	Rubella immunity (IgG)
	Consultation
11	Pre and Post Doctor Consultation
	Immunization if applicable
12	Vaccination administration for Rubella
13	Vaccination administration for Hepatitis B (3 Doses)
14	Vaccination Administration for HPV (3 Doses)

APPENDIX 14: MMR Vaccination Consent

إقرار موافقة على تطعيم الثلاثي شامل الحصبة الألمانية MMR Vaccination consent	
Name:	الاسم:
Age:	العمر:
Date:	التاريخ:
<p>I declare by signing this form that I was given full advice to avoid getting pregnant during the first month after the date of getting the MMR vaccination.</p> <p>In case of pregnancy during the first 1 month after vaccination the health care center will not take any responsibility to the outcome of the pregnancy.</p>	<p>أنا الموقعة أدناه أقر انه تم اطلاعي على ضرورة عدم الحمل لمدة شهر من تاريخ حصولي على تطعيم الثلاثي شامل الحصبة الألمانية و ذلك لأن الحمل في هذه الفترة قد يشكل خطورة على الجنين و في حال حملي قبل هذه الفترة فلا يتحمل المركز الصحي أي مسؤولية تجاه نتيجة الحمل.</p>
Client Signature:	توقيع المراجعة:
Witness Name & signature:	اسم و توقيع الشاهد:
Nurse signature:	توقيع الممرضة:
Emirate:	الامارة: