

Informed Consent

Informed Consent for Genetic Testing

I, _____ (Print Name), hereby agree to participate in DNA testing of the _____ gene(s) for the condition _____

I understand that:

1. A specimen sample will be collected from me using standard techniques, which carry very little risk.
2. Identification of mutations within this gene(s) may assist clinicians in accurate diagnosis, the selection of appropriate treatment regimes and better patient management.
3. In some cases, DNA testing is unable to identify an abnormality, even though an abnormality may exist. This may be due to the current lack of knowledge in the scientific community of the complete gene structure, or inability of the technology used to identify certain types of changes (mutations) in genes. In addition, a causative mutation may not be detected because the mutation may occur in an alternative gene.
4. Because of the complexity of genetic testing and the important implications of the test results, results will only be reported to me through a medical specialist, GP, or genetics professional. The result reports are kept strictly confidential. Participation in genetic testing is completely voluntary. My test results will be de-identified and may be used for statistical purposes.
5. The test result may have implications for other members of my family. I have been encouraged to advise them of this. The test will not affect my ability to obtain health insurance but could potentially affect my ability to obtain some types of life insurance.

6. If I am unable to receive my result due to incapacity or death, it will be given to:

Name: _____ Relationship: _____

Contact Details: _____

7. Genetic tests are being improved and expanded continuously. GD will store my sample indefinitely and at my future request and with my consent, may in some cases, re-analyse the DNA by a new procedure(s). This additional testing may incur a further cost.

8. My test results will be de-identified and may be used for statistical purposes. An anonymised sample of my DNA may be used in Institutional Ethics Committee approved research programmes to improve diagnosis and management of the condition. If you don't want your sample to be kept for these purposes please tick here

(Note: Genomic Diagnostics does not guarantee the integrity of the sample for future testing).

Patient's Signature: _____ Patient's Name: _____

Witness Signature: _____ Witness Name: _____

Date: ____ / ____ / ____

Physician's/Genetic Counsellor's Statement

I have determined that this individual may be at an increased risk for _____ (disease) and therefore that the above patient is a suitable candidate for genetic testing of the _____ gene(s). I have discussed genetic testing with them, presented the information outlined above, discussed the options available to them and have answered their questions. Results from these tests may be used to direct medical management.

Healthcare Provider's Signature: _____

Healthcare Provider's Name: _____

Date: ____ / ____ / ____