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INFORMED CONSENT FORM FOR GENETIC TESTING

Demographic Details

Patient Surname: ____________________________ **Forename:** ______________________________________

Date of Birth: __ __ /__ __ /__ __ __ __ **Gender**: Male [ ] Female [ ]

Hospital/Clinic No.:_____________________________ **Laboratory No.:** ________________________________

Hospital/Clinic Name: ______________________________________ **Dept:** _______________________________

IMPORTANT: Please note that, in accordance with good clinical practice, we will automatically perform additional tests for an accurate diagnosis where required. If applicable, patients should be informed that additional charges may apply.

- **Patient or Guardian:**

I/we the undersigned confirm that I/we have been fully informed by the Doctor/Pathologist/Geneticist, _________________________________, regarding cytogenetic and/or molecular genetic tests that will be performed on cells and/or DNA extracted from my/our child's blood and/or tissue to:

- confirm or exclude the diagnosis of or a predisposition to a genetic disease.
- determine heterozygote status with a view to obtaining genetic counselling.
- examine gene locus/loci.

I/we give my/our consent to such testing and confirm that I/we have received all the necessary information according to the law.

Patient/Guardian Signature: __________________________________ Date: _______/________/__________

Patient/Guardian Name (Block Capitals): ____

- **Doctor/ Pathologist/Genetic Consultant**

The Cytogenetic and/or molecular genetic test information is to be given by the Clinical Pathologist prescribing the test, or by the Physician collecting the sample. All relevant issues regarding the involved pathology etiology, development, prognosis and potential treatment must have been raised by the Genetic consultant or the Physician and clearly understood by the patient. All information associated with the patient file will be retained by Eurofins Biomnis. The result will be reported to the Physician only.

Physician Signature: _____________________________________ Date: _______/________/__________

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