



## 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 a blood sample will be collected from me using standard techniques, which carry very little risk.

I understand that:

1. Identification of mutations within this gene(s) may assist clinicians in accurate diagnosis, the selection of appropriate treatment regimes and better patient management.
2. 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 mutation may not be detected because the mutation may occur in an alternative gene.
3. 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 certified 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.
4. The test result may have implications for other members of my family. I will decide whether to advise them of this. I understand that the test could potentially affect my ability to obtain some types of insurance.
5. Genetic tests are being improved and expanded continuously. Genetic Technologies will store my sample and at my future request and with my consent, may in some cases, re-analyse the DNA by a new procedure(s). Additional testing will only be performed under the instruction of my Dr, with my consent and with the understanding of potential further costs. *If you don't want your sample to be kept for these purposes please tick here:*  (Note Genetic Technologies does not guarantee the integrity of the sample for future testing)
6. An anonymised sample of my DNA may be used in Institutional Ethics Committee - approved research programmes to improve the diagnosis and management of genetic diseases. *If you don't want your sample to be kept for these purposes please tick here:*

Patient's Signature: \_\_\_\_\_ Patient's Name: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature) (Print Name)

**Physician's/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.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name)