Genetic Test Request Consent Form

THE DOCTORS LABORATORY

PATIENT DETAILS

Surname: _____

First name: _____

Date of birth: _____

Biological gender at birth: _____

Reference number: _____

Ethnic origin: _____

Gestation (if applicable): _____

REFERRING DOCTOR

Name: _____

Address: _____

_____

_____

_____

Telephone: _____

Email: _____

TEST REQUEST

Disease name: _____

Gene(s) to be analysed: _____

Test for: ☐ Diagnosis ☐ Carrier screening ☐ Known family variant

Clinical symptoms: _____

Family history: _____

Family variant (if known/applicable): _____

Please also provide copies of any relevant genetic or pathology (e.g. haematology) reports.

I agree to the genetic/genomic investigations above

Patient/Guardian signature: _____ **Date**: _____

Discussion undertaken by (Clinician's name and signature): _____

Record of discussions regarding testing and/or storage of genetic material

I have discussed genomic/genetic testing with my health professional and I understand that:

Family implications

The results of the test may have implications for other members of the family. I acknowledge that the results may sometimes be used to inform the appropriate healthcare of others. This could be done in discussion with me/the guardian, or in such a way that I/the patient is not personally identified by this process.

Uncertainty

The results of the test may reveal genetic variation whose significance is not yet known. Deciding whether such variation is significant may require sharing of information about me/the patient including (inter) national comparisons with variation in others. I acknowledge that interpretation of my results may change over time as such evidence is gathered.

Unexpected information

The results of the test(s) may reveal a chance of a disease in the future, and nothing to do with why I/the patient are having this test. This may be found by chance, while focusing on the reason for the test, which may lead to further tests to understand what this means. If these additional findings are to be looked for, I will be given more information about this.

DNA storage

Normal laboratory practice is to store the DNA extracted from the sample (when DNA extraction is required) even after current testing is complete. The sample might be used as a quality control for other testing, for example, that of family members.

Data storage

Data from the test will be stored to allow for possible future interpretations.

Health records

Results from the test and the test report may be part of my/the patient health record.

Note of any other specific issues discussed (e.g. referral to particular research programs, insurance):

☐ Fee to be paid by Patient/Other. **PLEASE PROVIDE ADDRESS DETAILS**

☐ Fee to be paid by Doctor / Clinic as above

Insurance Co. _____ Membership No. _____

Patient address

_____

Postcode _____ Contact telephone number _____