|  |
| --- |
| 1. **Patient Details**

Surname ……………….………………………………... Forename ………………..…………………………. Hospital ………………..……………….……………..… Hospital Number …………….…………………….. Date of Birth …………………...  |
| **B) Collection and usage of samples** I …………………………………………..…………….. (Print name) give consent for a blood sample to be taken from …………..………………………… (Myself or name of child) and the genetic material extracted, stored and tested for ……………………………………………………………………………………..………………….. (Specify disorder). *Please initial the boxes below to indicate your consent* The purposes for obtaining this sample and the potential implications have been explained to me and I have had an opportunity to have my questions answered. I have read and understood the information about genetic testing. It is the intention to store the sample for a maximum two year period. I understand that it may be necessary to use part of the sample anonymously for example for quality assurance or development of new tests. Signed …………………………………………………………….…. Date……………….. (Patient/parent/legal guardian – delete as appropriate)  |
| **C) Use and availability of results** I hereby give consent for clinical and genetic information that may be relevant to other family members to be made available to relevant health care professionals. I agree to the results being entered into local or national confidential databases. Signed …………………………………………………………….…. Date……………….. (Patient/parent/legal guardian – delete as appropriate)  |
| **D) Person obtaining consent** I have explained to the above patient/parent/legal guardian the purpose of obtaining a sample for genetic studies and their implications. Signed …………………………………………….………………..... Date………………..….. Print Name ……………………………………….…………………. Position…………..…….. A photocopy of the completed from should be given to the patient, the original filed in the patient’s case notes and a copy filed in the family genetic record file.  |

[**https://www.stjames.ie/services/laboratorymedicinelabmed/**](https://www.stjames.ie/services/laboratorymedicinelabmed/)