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| 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/)