**Genetic Testing Record of Discussion and Consent Form:**

**Patient Wishes for the Sensitive Disposal/Return of Early-Stage Pregnancy Loss Tissue Following Testing**

PLEASE READ SECTION 1 BELOW AND COMPLETE THE FORM IN SECTION 2 OVERLEAF IN FULL. PLEASE SEND THIS FORM TO THE LABORATORY TOGETHER WITH A FULLY COMPLETED NW GLH REFERRAL FORM AND AN APPROPRIATE PATIENT SAMPLE.

**Section 1: Patient Information**

We are very sorry for your loss and understand that this is a difficult time.

You have been advised that genetic laboratory tests using a small sample from your pregnancy may help diagnosis and could help inform future pregnancies. This form has been prepared to provide you with information about genetic testing to ensure you are aware of our laboratory process and your options.

Genetic testing uses DNA to look for chromosome changes (missing or extra genetic material). The laboratory requires a very small piece of tissue to be selected and sent to the laboratory to extract DNA. The tests we perform usually take up to about 6 weeks to complete, but some specialist tests can take much longer.

Where possible, we ask to be sent definitively non-fetal tissue (cord, placenta or membrane surrounding the fetus). However, in most early pregnancies it can be difficult to make the distinction between fetal, non-fetal and maternal tissue; this uncertain tissue has the medical term ‘products of conception’. You should be told about what will be sent to the laboratory.

As the sample is very small, DNA extraction usually uses all the sample that we receive for testing and there is no sample left afterwards. However, on occasion, a very small amount of sample remains, and this is stored until after testing is completed.

**Your consent and wishes for sensitive disposal or return of any remaining sample following genetic testing is outlined in Section 2.**

The laboratory will respectfully dispose (by sensitive incineration) any remaining definitively non-fetal cord, placenta, or membrane samples within 12 weeks from the date we received the test request.

We will also respectfully dispose (by sensitive incineration) any remaining products of conception sample without identifiable fetal tissue **unless you choose otherwise, stated in Section 2**. If you wish for other arrangements for the sample (e.g., cremation, burial or your own private arrangements) we will arrange for return to the referral centre.

If the laboratory receives identifiable fetal tissue for testing, any remaining sample will be returned to the referring hospital to fulfil your wishes for respectful and sensitive disposal as stated in section 2.

**Your consent and wishes need to be clearly documented to avoid any misunderstanding and to enable the genetics laboratory to ensure respectful disposal or return of any remaining sample.**

**Section 2: Patient Consent and Wishes**

Patient Name: Patient DOB:

NHS Number: Date of referral:

Tissue type to be sent to the laboratory (please state):

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| **To be completed by the patient or by the referrer under the direction of the patient:**  (Please only tick one option per question 1 and 2) |
| 1. I understand that, **if** there is any remaining tissue that is identifiable as **fetal**, the laboratory will return this to the referring centre.  I wish the referring centre to arrange for: (please tick)  □ cremation □ burial □ return to patient for private arrangements  □ unable to decide now  **Please ensure that a return of sample address is provided below\*** |
| 2. **If** there is any remaining **products of conception (POC)** **of uncertain tissue** left after DNA extraction, I consent for the laboratory to sensitively dispose of any remaining sample.  □ I consent for sensitive disposal |
| **OR** 2a) I wish to make alternative arrangements for POC of uncertain tissue with the referrer for (please tick):  □ cremation □ burial □ return to patient for private arrangements  and request that the laboratory returns tissue (if any) to the referring centre.  **Please ensure that a return of sample address is provided below\*** |
| **OR** 2b) I cannot make a decision now, but I understand that, if not informed within 12 weeks, the laboratory will sensitively dispose of any remaining sample.  □ I cannot make decision now |

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| **To be completed by the referrer:** | |
| I confirm that the patient has been given and understood the information in Section 1 and 2 and that any questions asked have been answered to their satisfaction and understanding.  I confirm that the woman’s wishes have been accurately determined and consent given for genetic testing: | |
| Referrer full name: |  |
| Date: |  |
| Signature: |  |

**RETURN OF SAMPLE**

**\*Please provide full contact name and full postal address.** **If this information is not provided, the laboratory will sensitively dispose of any tissue which would ordinarily require return.**

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