NHS
North West
NHS Genomic Laboratory Hub

Consent for a Genomic Test

I agree for a sample from myself / my child / my deceased relative to be tested to look for genetic changes potentially linked to:

Name of Clinical Indication	
Testing for Familial Variant	**Y** / **N**

Name of person whose sample is to be tested			**Date of Birth**
NHS number		**Hospital Number**	

Possible results:

- A change may be found that is the whole or at least partial cause of the condition. It may have other health implications for me and / or other family members.
- No differences may be found i.e. testing may not find the cause of the condition.
- A change may be found that cannot be interpreted with current scientific knowledge (further family studies or research may be helpful).
- In rare situations a change may be found that is not thought to be the cause of the condition being investigated, but could have other implications for me and / or other family members.

I agree to the following:	**Please Initial**
Use of the test results by health care professionals to help other family members.	
Storage of the sample and / or genomic data in case future relevant tests become available.	
Signature	**Date**

If signing on behalf of your child or deceased relative please also indicate:

Your Name	**Relationship**

Child's assent to genomic testing:

I understand the reason for this test: **Y** / **N** I agree to this test: **Y** / **N**

Child's Name	**Signature**	**Date**

Name of the clinician taking the consent	**Signature**	**Date**
Designation of clinician:		