

**INSTITUTE OF GENETICS & HOSPITAL FOR GENETIC DISEASES**

**BEGUMPET, OSMANIA UNIVERSITY, HYDERABAD-16**

## Consent form for Genetic Analysis of Blood

1. I am giving my blood sample with my own wish knowing completely well about the purpose of collecting the sample.
2. I consent to the test(s) which I understand will be basis of DNA.
3. I agree to the request of Institute of Genetics and Hospital for Genetic diseases, Hyderabad to use my blood sample for genetic studies which may lead to the discovery of new technique or improvising the existing ones. Furthermore, also allow investigators at Institute of Genetics and Hospital for Genetic diseases, Hyderabad to use my blood sample for research purpose that may facilitate better understanding of the disease provided confidentiality of the identity of the sample is maintained.
4. I agree for the publication of findings observed in my sample analysis in case needed for any related journal.

Name of the subject: -----------------------------------------------------------------

Signature with date: -------------------------------------------------------------------