

Parent/ Guardian Clinical Consent Form for Genomic Testing

It is my choice for my child/person under my care to do whole genome Oligo-Array CGH.

[REDACTED] (parent/guardian name) understand that my child's/ the person under my care's DNA will be tested by whole genome Oligo-Array CGH to look for changes in genes that may be associated with:

About the Test

Array CGH testing is now considered to be the front line test for patients presenting with developmental delay (motor or growth), autism spectrum disorder, moderate to severe learning difficulties, dysmorphic features, with or without congenital abnormalities.

Results

- I will be told the results by a health professional.
- Results may have implications for the health/genetic risks for my child/the person under my care and family members.
- Results can be used to inform counselling and testing of family members, though my child's/ the person under my care's identity will not be revealed to them.
- Results from these tests may affect my child's/ the person under my care's ability to obtain some types of insurance.
- The results will be available to health professionals involved in the care of my child/the person under my care.
- Results are confidential and may not be released without my consent, unless allowed by law.
- The following individual can be given my child's/ the person under my care's results, if I am unable to be contacted:

Name [REDACTED]

[REDACTED]

Data and Sample Sharing

My child's/person under my care's **de-identified** sample, genomic data and related health information may be shared and stored to help advance scientific knowledge. Information cannot be returned to me. There will not be a direct benefit to my child/person under my care and family members.

Research

I provide consent to share my child's/person under my care's sample, genomic data and related health information for ethically-approved research into the same or a related condition, where it remains possible to re-identify them. This allows information to be returned to me where appropriate. There may not be a direct benefit to my child/person under my care and family members.

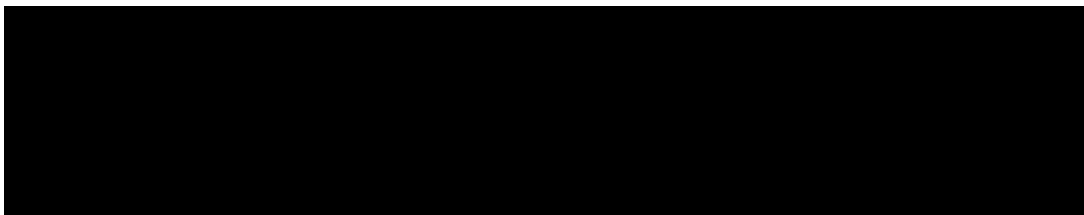
[REDACTED]

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I have had enough time to consider the information in this consent form and have:

- Had the opportunity to discuss genetic testing and its implications with a health professional
- Been given access to information about CGH array.
- Been able to ask questions until I am satisfied with the answers.
- Been offered a copy of this consent form.

I provide consent to have genetic testing as summarised in this form.



Print Parent/

Email/ Addre

