

# CONSENT

(Consent drawn up in two copies, one of which is given to the undersigned)

Consent from the patient with a view to one of a genetic test .

After the medical consultation, I the undersigned

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.....  
.....  
.....

hereby declare that I have been given the following information:

- The test being proposed is intended to establish a diagnosis. It requires a blood sample to be taken from a vein. The conditions and consequences of this removal of blood have been explained to me.
- This test is being carried out by a laboratory authorised by the French Minister of Health to do so. The techniques used to carry out this test may fail, in which case a second blood sample will be required.
- The aim of the test is to screen for the genetic abnormality responsible for the disease of which I am a sufferer.
- The results of the test will be given to me and explained by the doctor who prescribed it.

I consent to the blood sample being taken and the genetic test being carried out.

Date:.....

Signature:.....

## ATTESTATION OF THE PRESCRIPTION OF A GENETIC TEST

I the undersigned Dr. (first name) .....(Last name)....., Doctor of Medicine ,

hereby certify and attest that I have this day had a meeting with (patient's name) ..... and have:

1. Informed the patient of:
  - the characteristics of the chromosomal and/or molecular abnormalities which can be detected,
  - the resources used to detect them,
  - the results likely to be obtained from the test
2. Informed the patient of the conditions under which the blood sample will be taken, and the relevant constraints and possible consequences
3. Informed the patient on the way in which the results will be communicated to them.

Having completed this consultation, I am prescribing a molecular genetic test.

- A karyotype.
- A molecular genetic test.

Date:.....

Prescriber's name . ..... (in capital letters)

Signature:.....