

 瑪麗醫院 QUEEN MARY HOSPITAL	<b>Department of Obstetrics and Gynaecology</b>	<b>Document No.</b>	OGPD0037(I)-E
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Tsan Yuk Hospital  
Prenatal Diagnostic Lab

Consent form for Genetic Tests in Reproductive Medicine (ENG)  
TYH-REC-CONF(ENG)-RMI-V1-2104

## Consent Form for Genetic Tests in Reproductive Medicine

(Please put a ✓ inside the check boxes  below, \* Delete where appropriate)

Name:	_____
Document ID:	_____
Date of birth:	_____
or GUM LABEL	

<b>Laboratory use only:</b>	
Specimen no.:	_____
Report no.:	_____

I hereby give consent to Prenatal Diagnostic Laboratory (the Lab), Tsan Yuk Hospital to use the  Blood of  myself [hereafter refer as "**Participant(s)**"] collected on \_\_\_\_\_ (dd/mm/yyyy) to perform the following test(s) because of \_\_\_\_\_ (indication/condition):  Karyotype       Y-microdeletion       Fragile X testing

### Type of testing

Diagnostic testing                                       Carrier testing

### Release of genetic test results

I understand that Participant(s)'s test results can be released to other doctors or healthcare workers involved in Participant(s)'s medical care without seeking further consent from me.

I  agree /  do not agree that if I cannot be contacted or in the event of my incapacity or death, test results may be released to a nominated individual.

Name and contact details of the nominated individual: \_\_\_\_\_

### Disposal of specimen

I agree that the Lab can store specimens of Participant(s)  
 for future testing of the aforementioned disease and related disorders (in the Lab or send to other laboratories).  
 for use as a control in genetic tests unspecified. I understand that the sample(s) will be made anonymous.

Or

I request that specimens of Participant(s) be discarded after the testing is finished according to regulatory or accreditation requirements. I understand that a specimen needs to be provided again if further testing is to be performed.

### Outcomes and risks

I understand that the results and interpretations in the genetic report are based on current technology and knowledge. Future advances may provide further insight and lead to amendment of the genetic report.

### Use of samples and data in research

I  agree /  do not agree that clinical information and genetic testing results can be used in research. Before researchers carry out the research, researchers shall obtain approval from relevant regulatory body. Researchers may further contact me to sign another consent form if necessary. I understand that my decision will not affect Participant(s)'s medical care.

### Use of samples and data in scientific publication

I  agree /  do not agree that clinical information and genetic testing results can be used in scientific publications. All direct identifiers will be removed. However, complete anonymity cannot be guaranteed. Before researchers publish the results, researchers shall obtain approval from relevant regulatory bodies. If deemed necessary, researchers shall inform me about details of the publication.

### Signatures

Name of patient & HKID: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of \*parent/legal guardian & HKID: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness Name (optional): \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please keep a duplicated copy of signed consent form in patient record, and send the true copy with laboratory request form to the laboratory.