

# Clinical consent for genetic testing

*In combination with the genetic testing information sheet, this form allows you to voluntarily express your consent for clinical genetic testing.*

**It is my choice to have genetic testing.**

I, [ **NAME HERE** ] confirm that I have read the information sheet, spoken to a healthcare provider and received information about the genetic test protocol, what my results can contain, and how my data will be handled. I have had enough time to consider this consent form and have:

- > Had the opportunity to discuss genetic testing and its implications.
- > Been given access to information about genetic testing.
- > Been able to ask questions until I am satisfied.

## ABOUT THE GENETIC TEST

- > Tests are based on current best-practice knowledge. This knowledge may change in the future.
- > If I change my mind, I can choose not to be told about the results.

## POTENTIAL OUTCOMES

- > There are no guarantees that this test will find a cause for the condition(s).
- > The results may be of uncertain significance, meaning their significance is not currently understood.
- > Unexpected family relationships can be identified.
- > Further testing or information sharing may be needed to verify the results.
- > The results may identify secondary and/or clinically actionable findings, not related to those being sought.

**Initial here** if you want to be informed about secondary findings.

## PROCESSING AND SHARING OF PERSONAL DATA

- > Sharing of my genetic data and related health information may aid in obtaining a diagnosis for myself and for others. However, this sharing may provide no direct benefit to myself or my family.
- > A preference not to share my personal data will not affect the service I receive.
- > I confirm that I am willing to share my personal data and have it actively communicated to [Free text: (prompt internal /external/national /European/ global)] networks relevant for aiding in the discovery of a diagnosis for myself or others, in accordance with GDPR.

**Initial here** if you are willing to share your data.

Insert logo here

## RESEARCH

- > The opportunity to participate in research that may or may not be related to my reason for undergoing genetic testing may arise. These research opportunities may or may not provide any direct benefit to my health or treatment. All research will be approved by regulatory and ethical boards.

**Initial here** if you are willing to be contacted about/participate in future research opportunities.

## CONSENT

I understand that my DNA will be tested for changes in genes that may be associated with my condition. I provide consent to have genetic testing as summarized in this form. If not explicitly initialed for consenting to secondary findings, data sharing and research above, the default will be No.

<b>Patient signature</b>	
<b>Date</b>	DD.MM.YYYY
<b>Patient identifying number</b>	XXXXXXXXXX
<b>Healthcare provider signature</b>	
<b>Date</b>	DD.MM.YYYY
<b>Healthcare provider</b>	

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