

Patient Name	
Date of Birth:	
Medical record Number:	
NHS Number:	

Record of discussions form to summarise clinical consent

This form relates to the person being tested.

All of the statements below remain relevant even if the test relates to someone other than yourself, for example your child or dependent.

I have discussed genetic testing with my health professional and understand that:

Family implications

1. The results of my test may have implications for me and members of my family. I understand that my results may also be used to help the healthcare of members of my family.

Uncertainty

2. The results of my test may have findings that are uncertain and not yet fully understood. To decide whether findings are significant for myself or others, my data may be compared anonymously with other patients' results across the country and internationally. I understand that this could change what my results mean for me and my treatment over time.

Unexpected information

3. The results of my test may also reveal unexpected results that are not related to why I am having this test. These may be found by chance and I may need further tests or investigations to understand their significance.

DNA storage

4. Normal NHS laboratory practice is to store the DNA extracted from my sample even after my current testing is complete. My DNA might be used for future analysis and/or to ensure that other testing (for example that of family members) is of high quality.

Data storage

5. The data from my test will be securely stored so that it can be looked at again in the future if necessary.

Health records

6. Results from my genomic test will be part of my patient record, a copy of which is held in a national system only available to healthcare professionals.

Note of other specific issues discussed

(e.g. referral to particular research programmes, insurance):

For any further questions, my healthcare professional can provide information. More information regarding genetic testing and how my data is protected can be found at <https://www.nhs.uk/conditions/genetics/>.

Please sign on page 2 to confirm your agreement to testing.

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I agree to genetic/genomic investigations*:

**insert details here, e.g. to investigate the cause of my child's developmental delay / family history of cancer /heart disease etc*

Patient/parent signature: _____

Patient/parent name: _____

Date: _____

Discussion undertaken by: _____

Clinician Signature: _____

Clinician Name: _____

Consultant's name (if different
from the above): _____

Date: _____

Genetics Reference Number: _____

Recorded remotely by clinician, no patient signature

1 copy for notes, 1 copy for patient to retain