Consent Form for Storage of a DNA Sample (R346)

NHS South East Genomic Medicine Service

Patient name:
Patient DOB:
NHS number:
Local MRN:

All of the statements below remain relevant even if the DNA sample belongs to someone other than yourself, for example your child.

I understand that when the sample is received by the Genomics Laboratory, DNA will be extracted. I agree to storage of this DNA sample for possible future use.

I have received information about potential implications of DNA storage for me and my family members.

I understand that storing a DNA sample now does not necessarily mean that it will be tested in the future.

I understand that efforts will be made to contact me before organising any future genomic testing.

In the event of my death or permanent incapacity, I agree that the stored DNA sample can be used to help other members of my family.

To be completed by the patient/their representative:

Signature: _____ (patient/ parent/ guardian/consultee)

Name (please print): _____ Date: _____

If I am unable to be contacted (e.g. in the event of my death or permanent incapacity), my family is best contacted through:

Name: _____ Relationship: _____

Address: _____

_____

Phone:

To be completed by the healthcare professional:

I confirm that I have explained the purpose, nature and implications of DNA sample storage for possible future genetic testing.

Signature: _____ Role: _____

Name (please print): _____ Date: _____

Organisation name: