

# **CONSENT FORM**

## **FOR EXAMINATION BY A CLINICAL GENETICIST**

### NOTE –

1. THIS APPLIES ONLY TO THOSE BABIES WHOSE MOTHERS ARE PATIENTS OF THE FETAL MANAGEMENT UNIT OR ALTERNATIVELY WHERE CONGENITAL ABNORMALITY HAS BEEN IDENTIFIED AND DISCUSSED WITH A CONSULTANT CLINICAL GENETICIST .
2. THIS FORM OF EXAMINATION IS TOTALLY DISTINCT FROM A POST MORTEM EXAMINATION; IF BOTH EXAMINATIONS ARE REQUIRED, THEN BOTH CONSENT FORMS SHOULD BE COMPLETED . IF ONLY ONE OF THESE EXAMINATIONS IS TO TAKE PLACE THEN ONLY THE CONSENT FORM RELEVANT FOR THAT EXAMINATION SHOULD TAKE PLACE

Once this form has been completed and signed, three photocopies should be made.

1. ***The original should be given to the person giving consent,***
2. ***One copy should be placed in the medical notes.***
3. ***Two copies need to accompany the baby- one will be kept for the genetic records-the other is for the information of the pathology service. This is particularly important where there is consent for x-rays, chromosome analysis, the taking of photographs or DNA extraction, testing and storage***

**CONSENT FOR EXAMINATION BY A CLINICAL GENETICIST**

**1. PATIENT DETAILS baby of**

Name (Mother) :

.....

Address:

.....

.....

Date of Birth:

M/F:

.....

Date of Death:

.....

Hospital:

.....

Ward:

Unit No:

.....

Consultant:

.....

**2. INFORMATION**

This form asks about consent for an external examination to be performed on the person named above. Please read through it carefully and initial the boxes that show your decisions.

- I confirm that any questions about this examination that I have asked have been answered to my satisfaction and understanding.

I understand that examination will involve transfer of my child to a specialist paediatric pathology service for examination by a specialist in genetics.

**3. CONSENT**

- I consent to an **external** examination being carried out on the body of the above by a specialist clinical geneticist. I understand that the reason for the examination is to attempt to reach a diagnosis that may help me and my family in the future

**4. XRAYs**

X-rays may be taken as an important part of this examination and may be vital in making a specific diagnosis if a skeletal dysplasia (genetic bone condition) is suspected. After this they are retained as part of the medical record in keeping with

current law. X-rays (with identification removed) can be valuable for medical teaching and ethically approved research.

- I consent to X-rays being taken to help in reaching a diagnosis
- I consent to the X-rays being used by the hospital or university for education/research.
- I consent to X-rays being retained only as part of the medical records.

## **5. IMAGES (WHERE APPROPRIATE)**

Photographs may be taken as an important part of this examination. After this they are retained as part of the medical record in keeping with current law. Images (with identification removed) can be valuable for medical teaching and ethically approved research.

- I consent to photographs being taken to help in diagnosis.
- I consent to the images being used by the hospital or university for education/research.
- I consent to the images being retained only as part of the medical records.

## **6. GENETIC TESTING OF TISSUE SAMPLES (WHERE APPROPRIATE).**

In some cases, analysis of tissue samples can aid diagnosis. Basically there are two major types of possible analysis (not all of which will be applicable in every case ).

(i) Chromosomal tests involve taking tissues (usually a small piece of umbilical cord or skin); following the test there is often no tissue remaining in the laboratory

(ii) DNA tests in which DNA is extracted from tissues taken. This

- May be used for a diagnostic test if applicable
- May be stored for possible future tests if no test is available at this time
- May be stored to aid in provision of future prenatal testing for you and your family

It is possible that this test may only be available if you opt for a post mortem examination in addition to this genetic examination – often internal organs are best for this.

- I consent to chromosomal tests being done
- I consent to the taking of tissue for DNA extraction, storage and, when possible, testing

**7. TISSUES REMAINING FOLLOWING GENETIC TESTING.**

**If you have given consent for genetic testing in section 6 – there may occasionally be tiny bits of tissue remaining following testing –**

**Please tick ONE of the following; note that this refers to material not stored in the form of DNA**

- I want the hospital to sensitively dispose of the tissues
- I want the tissues to be returned to me. I will arrange for their burial/cremation
- I consent to any tissues remaining being used by the hospital or university for review in the future (if further information becomes available or for the benefit of the family), for teaching, research that has been approved by an appropriate ethics committee, quality assurance or clinical audit.

Other requests or conditions you would like to make.

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**8. DETAILS OF MEMBER OF STAFF TAKING CONSENT**

Name (please print)

.....

Job title/grade:

.....

Contact details:

.....

I confirm that I have:

- explained the procedures and reasons for them.
- explained the terms 'genetic testing, chromosomes, DNA, x-rays, other images.

- discussed special requests/conditions.

Signature:

Date:

**9. SIGNATURE OF PERSON (PARENT OR RELATIVE) GIVING CONSENT, IF CONSENT FOR GENETIC EXAMINATION IS GIVEN**

This section is to confirm that the form has been read and completed by the person(s) named below

Name of individual/relative *GIVING* consent (please print):

.....  
.....

Relationship(s) to the deceased:

.....  
.....

Signature(s):

.....

Date:

.....

***This section to be completed by Genetic staff***

**10. DETAILS OF MEMBER OF GENETIC STAFF CARRYING OUT EXAMINATION**

Name (please print)

.....

Job title/grade:

.....

Contact details:

.....

Signature:

.....

NOTES FOR PATHOLOGIST

Investigations required and consented for

Date of examination