Worcestershire NHS
Acute Hospitals NHS Trust

Consent for Genetic Testing

Details of the person whose sample is to be tested

Surname	Hospital No
Forename	NHS No:
Date of Birth	
Address	
Post Code:	*Affix Label*

Consultant: _____

Ward/Dept.:_____

Telephone No:_____

I consent to my genetic material being tested for changes to the breast and ovarian cancer genes -

BRCA1, BRCA2 and PALB2, RAD51C, RAD51D, BRIP1, MLH1, MHS2 and MSH6.

Other ……..

I understand that the results may have implications for me and my family.

I have been given the opportunity to discuss these implications, to ask questions and to receive verbal and written information regarding my condition and any test currently available.

I understand that:

- Any genetic material remaining after testing is completed will be stored in the laboratory.
- In some disorders having a genetic test may affect my position with insurance companies

I will be informed of the results by _____*(telephone, post, in person)*	
I give my consent for my doctor to be informed of the results.	*Yes / No
I give my consent for the results to be shared with other members of the medical community for the benefit other members of the family, if appropriate.	*Yes / No
I give my consent for the results to be shared with other members of the family, if appropriate.	*Yes / No

Patient

Signature of Person giving consent_____ Print_____

Date_____

Interpreter (If consent is given via an interpreter they should sign this section**)**

I confirm I have accurately translated all the information provided by the consenting Clinician/Specialist Nurse to the above patient.

Signature_____Print_____Date_____

Professional

I the undersigned confirm that I am trained to consent for genetic testing, I have explained the nature and implications of genetic testing for hereditary breast and ovarian cancer genes to the above patient and have given them a written information sheet. ☐

Name of clinician obtaining consent_____GMC/NMC No_____

Signature_____ Print _____Date_____Position_____

Copy: 1. Patient 2. Patient File 3. Enclose a copy with the patient's blood sample for the DNA lab.