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Record of discussions regarding testing and/or storage of genetic material

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

Family implications

The results of my test *may* have implications for other members of my family. I acknowledge that my results may sometimes be used to inform the appropriate healthcare of others. This could be done in discussion with me, or in such a way that I am not personally identified in this process.

Uncertainty

1. The results of my test *may* reveal genetic variation whose significance is not yet known. Deciding whether such variation is significant may require sharing of information about me including (inter)national comparisons with variation in others. I acknowledge that interpretation of my results may change over time as such evidence is gathered.

Unexpected information

2. The results of my test *may* reveal a chance of a disease in the future, and nothing to do with why I am having this test. This may be found by chance, while focusing on the reason for my test, and I may then need further tests to understand what this means for me. If these additional findings are to be looked for, I will be given more information about this.

DNA storage

3. Normal laboratory practice is to store the DNA extracted from my sample even after the current testing is complete. My sample might be used as a 'quality control' for other testing, for example, that of family members.

Data storage

4. Data from my test will be stored to allow for possible future interpretations.

Health records

5. Results from my test and my test report will be part of my patient health record.

Note of other specific issues discussed (eg referral to particular research programmes, insurance, discoveries about relationships):

I agree to genetic/genomic investigations*

DATE ____/____/____	

Patient/parent signature	Discussion undertaken by: (clinician's name and signature)
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**insert details here, eg to investigate the cause of my child's developmental delay / family history of cancer / heart disease etc*

Affix sticky label or fill in details

Patient name: _____

Date of birth ____/____/____

Patient address: _____

Genetics ref _____

1 COPY for notes, 1 COPY for patient to retain