

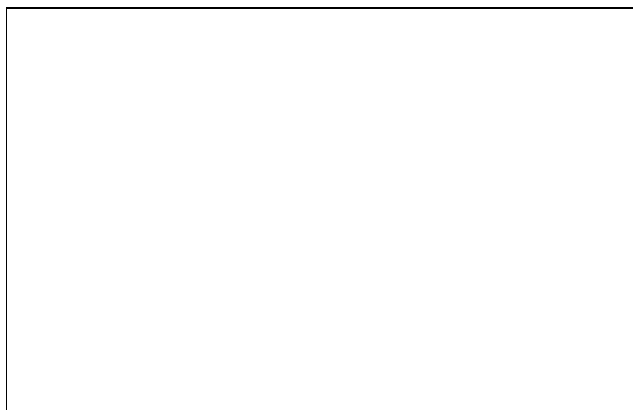


**CHU Sainte-Justine**  
Le centre hospitalier  
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Université   
de Montréal



HSJ-0509



## CONSENT FOR MOLECULAR GENETIC TESTING (ADULT)

I, \_\_\_\_\_, born on \_\_\_\_\_, consent to a DNA analysis for : \_\_\_\_\_.

The test will be performed on a blood sample (if other, specify) : \_\_\_\_\_).

In some cases,

- The test results may be difficult to interpret.
  - I understand that **blood samples from my biological parents** may be requested to help interpret my results.
  - I understand that **the implications of the test results on my health may remain difficult to establish.**
- The test ordered may not detect any genetic changes, even in a person with the condition for which the test has been ordered.
  - I understand that **a normal result does not completely rule out the possibility that a genetic change is present in me but is undetectable by the method used**, either because the change is in parts of the genome not explored by the test, or because the method used can detect only certain types of changes.

### If a CGH or other genomic test is performed :

I will be informed of all results **potentially related to the reason** the test was ordered.

In rare instances, the test could reveal findings that are **not related** to the reason the test was ordered but that could have an impact on my health (**incidental findings**). The laboratory **will not actively look for** this type of result: if my result is normal, it does not rule out the possibility that genetic change(s) other than those targeted by the test ordered are present.

In the case of an incidental finding, (*choose one of the three options*) :

1. I **do not want** to be informed of any incidental findings
2. I want to be informed of any incidental finding that could **have implications for my health and for which a treatment or surveillance is currently available**. I do not want to be informed of incidental findings for which no treatment or surveillance is currently available.

Or (*only in the case of competent adults*) :

3. I want to be informed of **all incidental findings** that could have an impact on my health, even those for which there is no treatment or surveillance currently available.

I am aware that finding out by chance that I have a genetic condition or predisposition may have an impact on my insurability.

Incidental finding of a reproductive risk (*answer separately*) :

I want or  I do not want to be informed of any incidental finding that would increase my risk of having a child with a genetic condition (e.g. muscular dystrophy, 22q11.2 deletion, alpha-thalassemia)

I understand that I will be informed of the test results by the ordering professional and the results will then be available in my medical file.

If similar analyses are conducted on **members of my family**,  I authorize or  do not authorize the use of my test results to help interpret my family members' results.

\_\_\_\_\_  
Signature (patient or legal guardian, if applicable)      Date      Witness      Date

*I have explained the proposed DNA analysis to the person who has consented to the test, and I have provided answers to his or her questions.*

\_\_\_\_\_  
Signature of the professional      Date