



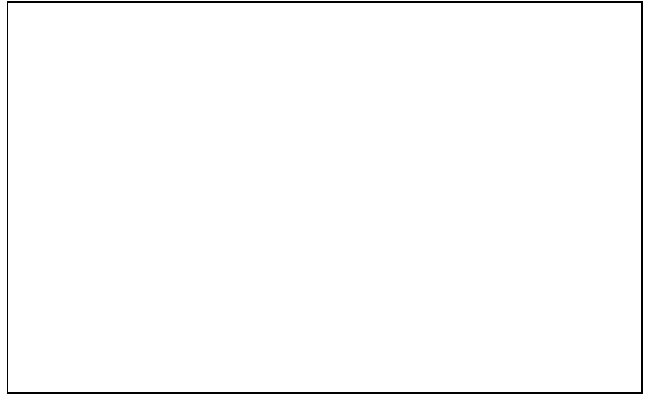
CHU Sainte-Justine

Le centre hospitalier universitaire mère-enfant

Université de Montréal



HSJ-0514



CONSENT FOR MOLECULAR GENETIC TESTING (FETUS)

I, \_\_\_\_\_, born on \_\_\_\_\_, consent to an analysis of my fetus' genetic material for: karyotype  other test : \_\_\_\_\_.

- If the test will be performed on a sample collected via an invasive procedure :  amnio ;  CVS
• I have been informed of the risks associated with these procedures, in particular, the risk of miscarriage. \_\_\_\_\_ (initial)
• I have been informed that the test may have to be undertaken a second time on account of a lack of cells in the collected sample or contamination from the mother's cells (in the case of CVS). \_\_\_\_\_ (initial)

- In some cases,
• The test results may be difficult to interpret.
o I understand that blood samples from me and my partner may be needed to help interpret the fetus' results.
o I understand that the following results will generally not be reported for the fetus (except in rare situations, after discussion with the ordering medical geneticist)
▪ Results with unclear clinical significance
▪ Results revealing a carrier status for a recessive disease
o I understand that the implications of the results for the health of my fetus may remain difficult to establish.

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, it is possible that the test will reveal results that are not related to the reason the test was ordered (incidental findings). In such a case, I will be informed of incidental findings that, according to current knowledge, could have an impact on the management of the fetus during pregnancy or the child during childhood, or that could have an impact on a future pregnancy (X-linked conditions). The laboratory will not actively look for this type of result: if my fetus' result is normal, it does not rule out the possibility that genetic change(s) other than those targeted by the test ordered are present.

I want  I do not want to be informed of incidental findings not known to have any impact on health until adulthood and for which treatment or surveillance is only currently available in adulthood. I understand this may reveal a genetic change that could have an impact on the health of one of the fetus' parents.

I understand that a normal result does not completely rule out the possibility that a genetic change is present in my fetus 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.

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