



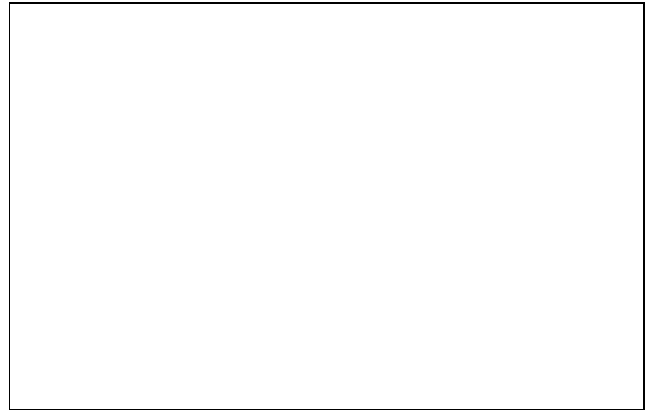
CHU Sainte-Justine

Le centre hospitalier
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Université 
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HSJ-0508



CONSENT FOR MOLECULAR GENETIC TESTING (CHILD)

I, _____, born on _____,
 Consent to a DNA analysis of my child _____, born on: _____,
 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 one or both biological parents** may be requested to help interpret my child's test results.
 - I understand that, despite testing the parents, **the implications of the test results on the health of my child 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 requested.
 - I understand that **a normal result does not completely rule out the possibility that a genetic change is present in my child but is undetectable** by the method used for the test, 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, it is possible that the test will reveal results that are **not related** to the reason the test was ordered (**incidental findings**). The laboratory **will not actively look for** this type of result: if my child's 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 my child.

In the case of an incidental finding:

- I will be informed of results **known to have health implications** during childhood and adolescence or **for which a treatment or surveillance is currently available** during childhood or adolescence.
- Incidental findings **without known health implications based on current knowledge** or not known to have any **health implications until adulthood** will not be disclosed.

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

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

Signature

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