



Accredited Medical Laboratory  
Reference No: 3001

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National Centre for **Medical Genetics**  
Ionad Náisiúnta **Gineolaíocht Leighis**

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## Consent Form for Diagnostic Genetic Testing for Huntington Disease HD

I understand that it is possible to have a genetic (DNA) test to confirm whether or not *I have/my relative has* Huntington disease (HD) and I wish to proceed with this test. I have been fully informed about the test. I understand that the test will show **one** of the following:

1. That I do/he or she does have HD, and that my/their children are at risk of developing the condition
2. That I do not/he or she does not have HD
3. That the test results are difficult to interpret

***This form must be filled out completely, using BLOCK CAPITALS***

Surname:		First Name(s):	
Hospital No:	Date of Birth (DOB):	NCMG Pedigree No (internal use):	SEX:
Home Address:		Consultant/GP: Ward/Clinic/Surgery address & contact number:	

Signature of patient \_\_\_\_\_

Signature of spouse/partner (not essential, but preferred if applicable): \_\_\_\_\_

**OR** Signature of next-of-kin \_\_\_\_\_

& (relationship to patient) \_\_\_\_\_

**For medical staff:**

I have explained the principles and implications of this testing to the patient/their next-of-kin. I **have reason to believe that this patient has the disorder, as opposed to being at risk due to family history; I have indicated the relevant clinical details on the accompanying request form.**

Signature \_\_\_\_\_ Name in capitals \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Please send this completed form to the Duty Scientist at the above address

<b>Important note:</b> The complete history of this document including its owner, author and revision date can be found on Q-Pulse			
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