



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

Director: Professor Andrew J Green, MB, PhD, FRCPI, FFPATH(RCPI)

Consent Form **For Diagnostic Testing for Huntington Disease (HD)**

I understand that it is possible to have a genetic test to see whether or not *I have/my relative has* Huntington disease (HD), and I wish to proceed with this 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

Name (block capitals) _____

Address _____

Date _____ Hospital _____ Hospital # _____

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 HD testing to the patient/their next-of-kin, and have completed this consent form as is required before diagnostic testing can proceed.

I have reason to believe that this patient has HD, 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 _____