

**NATIONAL CENTRE FOR MEDICAL GENETICS**  
OUR LADY'S HOSPITAL FOR SICK CHILDREN  
CRUMLIN, DUBLIN 12  
**www.genetics.ie**

Proxy Assent Form for Diagnostic Genetic Testing (patient unable to consent themselves)

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I understand that it is possible for my < state relationship here > to have a genetic (DNA) test to confirm whether or not he/she has < disease name here >, ("the disorder") and I assent that this test should proceed. The test has been fully explained to me; I understand that the test will show **one** of the following:

1. That he/she does have the disorder and that other family members may therefore be at risk of developing this condition
2. That he/she does not have the disorder
3. That the test results are indeterminate or difficult to interpret

Name (block capitals) of person to be tested \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Hospital \_\_\_\_\_ Hospital # \_\_\_\_\_

Signature of person assenting \_\_\_\_\_

Name (block capitals) of person assenting \_\_\_\_\_

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**For medical staff:**

I have explained the principles and implications of testing for the disorder to the above. I **have reason to believe that this patient has the disorder, as opposed to being at risk due to family history, with/without unrelated symptoms.** I believe this test to be in the best interests of the patient.

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

Please send this completed form to Dr S. McQuaid at the above address