

Consent Form



**TDL
GENETICS**

The Halo Building, 1 Mabledon Place, London WC1H 9AX
Tel: 020 7307 7409 Fax: 020 7307 7350
Email: tdlgenetics@tdlpathology.com

PATIENT OR GUARDIAN

Please cross-out where applicable.

I consent /do not consent to be tested for the genetic test/tests which have been explained to me.

I consent /do not consent for the results of this test to be available to assist in testing other family members.

I consent /do not consent for DNA from this sample to be stored.

I consent /do not consent for DNA to be used anonymously for relevant research.

Signed _____

Date ____ / ____ / ____

DOCTOR

I have explained the purpose of obtaining a blood or tissue sample for genetic testing.

Signed _____

Date ____ / ____ / ____

This consent form is for use with diagnostic testing. It is important to think through the implications of genetic testing for other family members. Certain family studies may reveal information regarding paternity. We strongly recommend genetic counselling for predictive testing in disorders such as Huntington's Disease or inherited cancers. Please contact our Consultant if you have queries about consent or counselling issues.