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Comprehensive Care Haemophilia Centre

Patient Consent Form for Genetic Studies in Inherited Bleeding Disorders

A Patient Details

Surname..... Consultant.....
Forename..... Hospital Number.....
Date of Birth

B Collection and usage of samples

I.....(print name) give consent for a blood sample to be taken from
.....(myself or name of child) and the genetic material extracted,
stored and tested for (specify disorder).

Please initial the boxes below to indicate your consent.

- ☐ The purpose for obtaining this sample and the potential implications have been explained to me and I have had an opportunity to have my questions answered.
- ☐ I have read and understand the information about genetic testing.
- ☐ It is the intention to store the sample indefinitely.
- ☐ If no relevant test is currently available, I agree to the sample being stored until such time as an appropriate test is developed and the sample may then be tested.
- ☐ I understand that it may be necessary to use part of the sample anonymously for example for quality assurance or development of new tests. If any commercial benefits arise from studies no personal claim can be made.

Signed..... Date.....
(Patient / parent / legal guardian - delete as appropriate)

C Use and availability of results

- ☐ I hereby give consent for clinical and genetic information that may be relevant to other family members to be made available to relevant health care professionals.
- ☐ I agree to the results being entered into local confidential databases.
- ☐ I agree to the results being entered into national confidential databases.
- ☐ I understand that I may withhold consent for any or all of the above uses for samples and results and that this will not jeopardise in any way future routine treatment for me or my family members.

Signed..... Date.....
(Patient / parent / legal guardian - delete as appropriate)

D Person obtaining consent

I have explained to the above patient/parent/legal guardian the purpose of obtaining a sample for genetic studies and their implications.

Signed..... Date

Print Name..... Position.....