

Centre for Cellular and Molecular Biology

Uppal Road. Hyderabad 500 007

Informed Consent for Predictive DNA Testing

By signing below, I hereby authorize Dr _____ to obtain _____
(Nature)
sample from _____ of _____
(Patient Name) (Address)
_____ for the following DNA testing _____
(Disease)

- I hereby submit samples for testing whose identities are known to me. The test measures the number of CAG/CGG/CTG repeats in the specific gene known to be associated with the abovementioned disease.
- I would like to participate in the predictive testing in view of the positive family history of the disease in my family.
- I am fully aware that my decision to seek testing in the program is wholly voluntary and that I can choose to withdraw at any time without jeopardy.
- I understand that as in any laboratory test there is a small chance for error (1-2% app.). In addition, the accuracy of the interpretation may depend on my providing accurate information about my family history.
- I understand that all information will be held strictly confidential. The results of the testing will be given to me only and no one else without my written consent.

Signature *Name* *Date*

Relationship to patient: self/parent/guardian

Signature of witness *Name* *Date*