

CSIR-CENTRE FOR CELLULAR & MOLECULAR BIOLOGY

(Council of scientific & Industrial research)

Informed Consent for Cytogenetic /Molecular Genetic testing

Name:

Age:

Address:

Gender: Male/ Female/Other

Phone No:

Referred by:

Sample type:

Priority Level: Elective/ Urgent

I have been explained in detail in an understandable language that my symptoms are suggestive of a Genetic disorder & I hereby authorize clinician/ Laboratory to collect samples for the following Genetic testing.

I thoroughly understand the following in the context of Genetic testing

- Genetic disorders may be caused by defects in the chromosomes, single/ multiple genes.
- Genetic disorder may affect multiple members of the family & testing may have implications for the proband's family & future generations as well. Currently, there is no cure or specific targeted therapies for most of the genetic disorders.
- Diagnosis of Genetic disorders may require multiple tests & currently there is no single test, which can identify all types of Genetic defects.
- The success of test is highly variable & depends on many factors – Detailed history, phenotyping, appropriate test selection, accuracy of technique, disease attributes – Previously known / unknown disease etc. In any scenario, *the yield/success of testing is never 100%*.
- If the genetic defect is identified, information regarding the disease, prognosis, treatment options, identification of 'at risk' relatives & possibility of prenatal testing for eligible couples within the family, will be possible.
- A negative test does not rule out the possibility of genetic disease.
- I understand that knowledge about genetic disorders is ever expanding & is not complete. Certain conditions may be extremely difficult to diagnose despite multiple testing strategies.

Patient / Guardian/Couple Name & Signature:

Date:

Place: