

Consent Form for Collection, Storage and Testing of Human Tissue for Research

This form has been designed to ensure that your consent is on an informed basis. Please read and consider each section.

Surname		Given Name(s)	
Address			
		Postcode	
Date of Birth		Telephone	

Parent or Guardian (Patient under age for or unable to consent)

Surname		Given Name(s)	
Address			
		Postcode	
Date of Birth		Telephone	

Patient/Test Subject

PROVISION OF INFORMATION TO PATIENT Health Professional	To be completed by
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I, _____ have informed this patient as detailed below
Insert name of Health Professional and designation
including the nature, likely results, and material risks of storage and testing of tissue/blood/DNA.

Interpreter present Yes/No

 Signature of Interpreter

 Signature of Health Professional

PATIENT CONSENT Patient/Test Subject	To be completed by
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_____ and I have discussed the consequences and procedures
Insert name of Health Professional

involved in storage and testing of my tissue/blood/DNA. The doctor has told me that:

Initials

The tissue/blood/DNA will be used in a research study entitled

Screening of candidate genes in children and adults with intellectual disability with or without autistic spectrum disorder.

The study has been approved by the Institutional Ethics Committee of

The Children's Hospital at Westmead (Royal Alexandra Hospital for Children)

My tissue/blood/DNA*

will be destroyed at the completion of the project
 will be stored for _____ years after completion of the project
 may be stored indefinitely>(*cross out two)

I will not necessarily receive a report on the outcome of the project

I or my attending doctor will be advised if the project produces information which could be of value to me or my family

Testing may reveal non-paternity or non-maternity of a presumed natural parent

If tissue/blood/DNA is stored it may not remain in a suitable state for testing

<p>DNA is an abbreviation for deoxyribonucleic acid, the name of the chemical compound of which genes and chromosomes are made</p>

I have had the opportunity to ask questions and am satisfied with the explanation and the answers to my questions
I understand that I may withdraw my consent

I request and consent to the test described above

 Signature of Test Subject/Guardian

 Print name of Test Subject

 Date