University Hospitals of North Midlands NHS

NHS Trust

For general advice and interpretation contact Duty Biochemist: 01782 674245. Duty Biochemist Bleep: 143/389. UHNM Clinical Biochemistry Helpline: 01782 674224

CLINICAL BIOCHEMISTRY - MOLECULAR GENETICS REQUEST FORM

All fields must be completed – Failure to do so will result in delayed analysis

Surname:	**Unit number/NHS number:**
First name:	**Date of Birth:**
Sex: M/F	**Requesting Clinician:**
Address:	**Ward/Clinic:**
Postcode:	**Clinician contact number/bleep:**

Genetic Test required (Test name in full): **NOTE: Dedicated EDTA whole blood sample required.**	
Clinical Information:	
Names of known family members affected (if applicable):	
Date sample taken:	**Time sample taken:**

Consent: ***Please keep a signed copy with the patient's notes and send the original to the laboratory with the samples.***

Statement of health professional (with appropriate knowledge of tests and counselling)†

- I have explained the procedure and nature of the requested tests to the patient **or**
- The patient lacks capacity and I consider the tests to be in his/her best interests*

Signature:

Name (PRINT): Date:

Consent of patient to genetic tests†

- I am the: Patient/Parent/Guardian* I consent to the genetic tests above. I confirm that I understand the implications of these genetic tests

Signature:

Name (PRINT): Date:

*delete as appropriate, †see guidance notes on page 2

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Consent for DNA Testing guidance

Under the Human Tissue Act 2004 informed patient consent is required for all tests from all patients, and for storage of RNA and DNA from DECEASED patients.

RNA and DNA from LIVING patients may be stored without consent for the following purposes (patients should be made aware of this): audit, education and training, performance assessment, quality assurance and anonymised research.

IT IS THE CLINICIANS RESPONSIBILITY TO OBTAIN APPROPRIATE AND VALID CONSENT.

In submitting this sample the clinician confirms that consent has been obtained:

(a) For testing and possible storage
(b) For the use of this sample and the information generated from it to be shared with appropriate members of the donor's family and their health professionals (if appropriate).

In some cases the nature and implications of the genetic information or test results to be generated make it important that a **record of discussion** is available of the patients consent and other wishes. For further guidance please see the Joint Committee on Genomics in Medicine publication, Guidance on the use of genetic and genomic information in the clinic (July 2019); link below (last accessed 14.02.22). For a template written record of discussion, see APPENDIX 1.2 of this document.

Link available at:

https://www.bsgm.org.uk/media/11524/consent_confidentiality_working_report_final_online_2019.pdf

Recommended discussions with patients during the consent process were appropriate:

- the use and sharing of information (pedigree, diagnosis, affected/carrier status, test results) with other family members for their benefit
- the nature of the testing to be undertaken and its implications
- the possible prolonged nature of the testing process
- the possibility that testing may reveal unexpected results depending on the particular analysis being used
- the storing of samples
- that samples may be used for quality assurance, education and training
- that information may be shared with health professionals including the primary care team