



University Hospitals Birmingham Record of Discussion Regarding Testing and Storage of Genetic Material

Patient Name:	
Date of Birth:	
Hospital Number:	
NHS Number:	
Contact Number:	

I have discussed genetic testing forand I understand that:

Family Implications

The results of this test may have implications for my relatives. I understand that my results may also be used to help the healthcare of members of my family and others nationally and internationally. This could be done in discussion with me or through a process that will not personally identify me.

I am happy for results to be shared that identify me if necessary: **Yes/No please circle yes or no**

Uncertainty

The results of this test may reveal genetic variants of uncertain significance. Establishing whether such variants are significant may require (inter)national comparisons. I acknowledge that interpretation of the results may change over time as our understanding increases.

Unexpected Information

The results of this test may reveal information relevant to other diseases that are not related to why this test is being done. These may be found by chance and further investigations may be needed to assess their significance. If these additional findings are to be looked for, I will be given more information about this. The test may reveal non-paternity/maternity.

DNA Storage

Normal laboratory practice is to store the DNA extracted from a sample even after the current testing is complete. The sample might be used as a 'quality control' for other testing, for example, that of family members.

Data Storage

Data generated from this genetic test will be stored to allow possible future interpretations.

Health Records

Results from this and my test report will be part of my patient health record.

Insurance

The results of this test may have implications for insurance. Please refer to the UK Code on Genetic Testing and Insurance for further guidance.

Note of other specific issues discussed (e.g. referral to particular research programmes): _____

I will be informed of the results by: _____ (telephone / post / in person)

☐ Recorded remotely by clinician, no patient signature

Date: _____ Clinician Name and Role: _____

Clinician signature: _____

If I am unable to receive the results (e.g. due to permanent severe illness or death), I would like them to be given to

Name: _____ Contact number: _____

Accessibility

To view this information in a different language or use text-to-speech reader visit **www.uhb.nhs.uk**, click the yellow and black circular icon in the bottom right of the web page to open the ReachDeck toolbar and then use the search bar to search by the name of the leaflet. If you require this information in another format such as braille, please email interpreting.service@uhb.nhs.uk.



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