### gstfcolaClinical Genetics

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**Consent Form for Prenatal Array CGH**

**(comparative genomic hybridisation)**

Copy of this form to be kept by FMU Unit where consent is taken

### Mother’s full name: \_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_­­­\_\_\_­­\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ NHS no: \_\_\_\_\_\_\_\_\_\_

### Hospital Number\_\_\_\_\_\_\_­­­\_\_\_­­\_

🞎 adult, capable 🞎 minor 🞎 incapable of giving consent (stop, seek guidance)

Name of Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Father’s full name: \_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_­­­\_\_\_­­\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ NHS no: \_\_\_\_\_\_\_\_\_\_

### Hospital Number: \_\_\_\_\_\_\_­­­\_\_\_­­\_

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Name of Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient consent for prenatal chromosome microarray testing**

* I/we have read the prenatal array CGH leaflet and had the opportunity to ask the healthcare professional questions about the test.
* I/we agree to the analysis of my baby’s DNA by array CGH to identify chromosome imbalances that may explain ultrasound findings in my/our baby
* I/we understand there are limitations to the test and it will not detect every genetic mistake
* I/we understand that there are some imbalances that if found will not be disclosed to me/us because the effect of these imbalances cannot be predicted
* I/we understand that rarely, we may be informed about chromosome imbalances unrelated to the abnormal ultrasound findings, but which may cause medical problems after birth

Patient/ couple’s signature(s) ................................................................................date:………….

Healthcare professional’s signature(s)...................................................................date:………….

Name (please print): ..................................................................................................

**Statement of Interpreter (where appropriate)**

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Signed: ......................................................................................................................date:

Name (please print): ..................................................................................................