



MedLab
PATHOLOGY

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CONSENT FORM

PATIENT OR GUARDIAN

Please cross-out where applicable.

I consent /do not consent to be tested for the genetic test/tests which have been explained to me.

I consent /do not consent for the results of this test to be available to assist in testing other family members.

I consent /do not consent for DNA from this sample to be stored.

I consent /do not consent for DNA to be used anonymously for relevant research.

Signed _____

Date ____ / ____ / ____

DOCTOR

I have explained the purpose of obtaining a blood or tissue sample for genetic testing.

Signed _____

Date ____ / ____ / ____

This consent form is for use with diagnostic testing. It is important to think through the implications of genetic testing for other family members. Certain family studies may reveal information regarding paternity. We strongly recommend genetic counselling for predictive testing in disorders such as Huntington's Disease or inherited cancers. Please contact our Customer Support department on 1800 303 349 if you have queries about consent or counselling issues.