

Consent Form for Diagnostic Genetic Testing for Huntington Disease HD

I understand that it is possible to have a genetic (DNA) test to confirm whether or not I have Huntington disease (HD) and I wish to proceed with this test. I have been fully informed about the test. I understand that the test will show **one** of the following:

1. That I have HD, and that my children are at risk of developing the condition
2. That I do not have HD
3. That the test results may be difficult to interpret

This form must be filled out completely, using BLOCK CAPITALS

Surname:		First Name(s):	
Hospital No:	Date of Birth (DOB):	DCG Pedigree No (internal use):	SEX:
Home Address:		Consultant: Ward/Clinic Contact number:	

Signature of patient: _____

For medical staff:

If a person does not have the capacity to consent to Huntington's disease testing, a clinician can carry out genetic testing for HD, if they believe that it is in the person's best interest. The clinician should also consider the views of people who have a close, ongoing, personal relationship with the patient such as family or friends (HSE consent policy 2017). Please choose (a) or (b) below

- a) *Where the patient has capacity to consent, I have explained the principles and implications of this testing to the patient.*
- b) *Where the patient does not have capacity, I consider the test in the patient's best interest, and have considered the views of their family or friends.*

I have reason to believe that this patient has the disorder, as opposed to being at risk due to family history; I have indicated the relevant clinical details on the accompanying request form.

Signature: _____ Name in capitals: _____

Contact phone number: _____

Please send this completed form to the Duty Scientist at the above address