

Declaration of consultation and consent

for testing of an individual's genetic characteristics

(In reference to the decree no. 2008-321 of 4 April 2008 - order of May 27, 2013)

• 1 copy to be sent to the laboratory with the sample

• 1 copy to be kept in the patient record

DECLARATION OF MEDICAL CONSULTATION

Prior to the performance of examinations of an individual's genetic characteristics and his/her identification by DNA for medical purposes

I, the undersigned **Clinician,**

In accordance with Articles R.1131-4 and R. 1131-5 of the Code of Public Health,

- ▶ Certify to have interviewed the patient named below in a consultation on this date to provide him/her with information on investigated mutation characteristics, means for detecting such mutations and the options for prevention and treatment.

At,
on [][][][][][][][][][]

Signature and stamp of clinician

CONSENT FOR PERFORMING EXAMINATIONS OF AN INDIVIDUAL'S GENETIC CHARACTERISTICS

In accordance with Articles R.1131-4 R.1131-5 and the Code of Public Health

I, the undersig born on [][][][][][][][][][],

Residing at:

- ▶ Acknowledge that I have been informed by on tests of genetic characteristics that will be performed in order to:

evaluate my genetic sensitivity to a drug treatment.

- ▶ To this end, I agree:

to a biological sample being obtained from me.

to a biological sample being obtained from my minor child or an adult under my guardianship.

- ▶ I am informed that the results of the examination of genetic characteristics will be presented to me by the above-named clinician as part of an individual consultation. If examination reveals results other than those expected, the above-named clinician will determine what to do during an individual consultation.

- ▶ If part of the sample remains unused after examination,

I agree to its use, as appropriate, for scientific research purposes. In this case, all the medical data will be protected by total anonymisation. Consequently, I am aware that these scientific studies will neither benefit me nor put me at risk.

At,
on [][][][][][][][][][]

Signature of adult patient or legal guardian of the minor child or legal guardian of an adult under guardianship: