

## 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 _____	
<input type="checkbox"/> adult, capable <input type="checkbox"/> minor <input type="checkbox"/> incapable of giving consent (stop, seek guidance)	
Name of Guardian: _____	Contact details: _____
Father's full name: _____	DOB: _____
Address: _____	NHS no: _____
Hospital Number: _____	
<input type="checkbox"/> adult, capable <input type="checkbox"/> minor <input type="checkbox"/> incapable of giving consent (stop, seek guidance)	
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): .....