Form produced by
Northern Genetics Service
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Affix patient label; or write
Name
Date of birth
NHS no.
Address

Consent form

Lynch syndrome blood DNA test and DNA storage

I have discussed genetic testing with my health professional and consent to:

1. Having a genetic test to look for important changes in the genes associated with Lynch syndrome (*MLH1, MSH2, MSH6* and *PMS2*)

2. The Genetics laboratory storing any of my DNA left over after the test has been done. This might be used as a 'quality control' for other testing. Further genetic testing would only be done on my sample with my consent.

3. Results from my genetic test being stored as part of my health records.

I understand that:

1. Finding a significant Lynch gene change means I would have an increased chance of developing certain cancers in the future (e.g. bowel cancer, womb cancer, ovarian cancer, urinary tract cancer and others).

2. The results of my test may reveal an 'uncertain' result. Genetic variation is common, and it is not always clear if a particular gene change is linked to an increased cancer risk. The interpretation of my results may change over time.

3. The results of my test may have implications for other members of my family. Results may be used to inform testing and counselling of other family members. This could be done in discussion with me, or in such a way that I am not directly identified in the process.

4. Sometimes a genetic test will result in feelings of anxiety, a burden of knowing about an increased cancer risk and the need to share this information with family members.

5. A normal genetic test does not exclude an inherited link to the cancer(s) in my family. Further advice and/or screening for me and my relatives might be suggested. This could also include additional gene tests.

6. I can talk to a Clinical Genetics professional if I have further questions.

Note of any other specific issues discussed

Patient signature _____

Date _____

Discussion undertaken by _____ (clinician's name)