# Informed consent for genomic testing and data use

Template. Must be reviewed by your legal counsel and ethics committee, and adapted to local law, before use with patients.

Patient name _____ Date of birth _____

Patient ID _____

## What the test is

A sample (usually blood or saliva) is used to read part or all of your genetic material (DNA or RNA) to look for changes that may explain a health condition. The test requested for you is: _____.

## What the results can be

- A change that explains the condition is found.
- No explanation is found. This does not rule out a genetic cause.
- A change of uncertain meaning is found. It may become clearer later.
- Rarely, a finding unrelated to the reason for testing (a secondary finding), if you choose to receive these.
- Results can have meaning for blood relatives and can reveal unexpected family relationships.

## Your choices (tick one box in each row)

| I agree to… | Yes | No |
|---|---|---|
| Genetic testing as described above | ☐ | ☐ |
| Receiving secondary findings that are medically actionable | ☐ | ☐ |
| Storage of my sample and data for re-analysis if knowledge improves | ☐ | ☐ |
| Use of my coded (de-identified) data for research | ☐ | ☐ |
| Sharing of de-identified data with scientific databases | ☐ | ☐ |
| Clinical photographs being stored in my record | ☐ | ☐ |
| Being contacted again about new findings or studies | ☐ | ☐ |

## Your rights

- Taking part is voluntary. Saying no does not affect your care.

- You may withdraw any consent at any time by contacting info@tribro-omics.com or your clinician. Research use stops from that point; results already issued in your medical record are kept as the law requires.
- You may ask to see, correct or delete your personal data as provided by applicable data-protection law (for example the EU GDPR or India's Digital Personal Data Protection Act).
- Your data is stored securely and is accessed only by authorised staff.

## Signatures

Patient / parent / legal representative (name)

Relationship if not the patient

Signature

Date

Clinician who explained the test (name)

Signature

Date

Consent form version: 1.0

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