



Te Whare Wānanga o Ōtago

## Consent Form

### What are the genetic causes of malformations in humans?

I have read and I understand the information sheet dated June 2008 inviting volunteers to take part in a study designed to define the genetic causes of congenital malformations. I have had the opportunity to discuss this study and I am satisfied with the answers I have been given.

I understand that taking part in this study is voluntary and that I may withdraw from the study at any time and this will in no way affect my future healthcare. I understand that my participation in this study is confidential and that no material which could identify me will be used in any reports on this study. I have had time to consider whether to take part and realise that the proposed study will involve analysis of my genetic makeup. I know who to contact should I have any questions relating to the study.

I consent to the storage of my blood (or other tissue) for its later use as a part of this study or other research subject to ethical approval YES/NO

I understand that no rights will be created for the researcher to my genetic information.

YES/NO

I consent to the storage of my genetic makeup for future research into the causes of genetic disease in humans subject to ethical approval being given by an accredited ethics committee

YES/NO

My geneticist can be informed of the results from this study

YES/NO

I \_\_\_\_\_ (full name) hereby consent  
to take part in this study

Date \_\_\_\_\_

Signature (or proxy consent).....

Full names of Researcher Professor Stephen Robertson

Contact Phone Number 0064 3 479 7469

Project explained by.....

Project role Collaborating Clinical Geneticist

Signature.....

Date.....

### Request for an interpreter

English	I wish to have an interpreter	Yes	No
Maori	E hiahia ana ahau ki tetahi kaiwhakamaori/kaiwhaka pakeha korero	Ae	Kao
Samoan	Ou te mana'o ia I ai se fa'amatala upu	Ioe	Leai
Tongan	Oku ou fiema'u ha fakatonulea	Io	Ikai
Cook Island	Ka inangaro au I tetai tangata uri reo	Ae	Kare
Niuean	Fia manako au ke fakaaoga e taha tagata fakahokohoko kupu	E	Nakai

If I should have any further questions or concerns about participating in this study then I can contact the Health and Disability Advocate at these numbers:

Northland to Franklin: 0800 555 050 Mid-to-lower North Island: 0800423638

South Island (except Christchurch): 0800 377 766 Christchurch: 03 377 7501