



Te Whare Wānanga o Chāngē

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 or my child 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/my child's (delete as appropriate) blood (or other tissue) as 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/my child's 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 Physician

Signature.....

Date.....

Declaration by Referring Clinician

I am aware that this research has been authorised by the Multi-region Ethics Committee in New Zealand. I am satisfied that the participation of this subject falls within the ethical standards required of my own local regional Ethics Committee. A copy of the ethics committee application and consent is available on request.

Signature of Consenting Geneticist.....

Date.....