## CONSENT

(Consent to be established in duplicate, with one copy being given to the patient

I the undersigned,  Father of the child Age:		Last name Last name					
Residing at:							
Hereby		request	Dr				
	_	ild for molecular testing with prevention of the disease fro	_				
	•	ned of the nature of the tests to ossible consequences of the re-					
I have been informe	d that:						
•	Hôpital Lariboisiè	carried out in Professor E.T. ere – Laboratoire de Génétique					
	-	arn of the blood sample or prod NA extracted from it) at any ti					
by him/her	Only Dr						
➤ I may reques	t that the testing ca	arried out with my child be ha	lted at any time.				
		,	on				
Signature of the	aforenamed						

## CONSENT

(Consent to be established in duplicate, with one copy being given to the patient

I the undersigned Mother of the child:		Last name: Last name:	Age:				
Residing			at:				
Hereby	reques		Dr:				
To take a blood sample from my child for molecular testing with a view to genetic screening, to help in the diagnosis or prevention of the disease from which he/she is suffering.							
I declare that I have been fully informed of the nature of the tests that will be carried out on my child's blood and of the possible consequences of the results that may be given to me.							
I have been informed that:							
	testing will be carried ou Hôpital Lariboisière – Labo S Cedex 10						
	to request the return of the land particular the DNA extraction						
•	carry out the tests described	-	•				
➤ I may request	that the testing carried out	with my child be halte	ed at any time.				

Signature of the forenamed

Given in .., on

## ATTESTATION OF THE PRESCRIPTION OF A GENETIC TEST

I	the	undersigned	Dr.	(first	name)		(Last
name	2)		D	octor of	Medicine ,		
	he	reby certify and	d attest	that I	have this	day had a meeting with (pa	tient's name)
					and have:		
		which car - the res	naracteri 1 be sources u	stics of detectised to de	ted, etect them	mosomal and/or molecular on, on the test	abnormalities
			•			ons under which the blood so d possible consequences	ample will be
		<ol><li>Informed them.</li></ol>	vhich the results will be com	municated to			
		Having complet	ed this c	onsultati	ion, I am pr	rescribing a molecular genetic	test.
		> A karyo	otype.				
		> A molec	cular gen	etic test			
Dat	·e:	······					
Pre	scriber	's name		(in capit	al letters)		
Sig	nature:						