

INFORMED CONSENT TO PRENATAL EXOME SEQUENCING

Name of the expectant person _____

Personal identity code _____

I confirm that the following issues related to the tests have been explained and clarified to me:

1. I understand that the purpose of this test is to uncover a genetic mutation in the foetus which would explain the structural abnormalities detected in the foetus and is linked to a genetic illness.
2. I understand that a foetal imaging examination (such as an ultrasound examination) cannot accurately detect all structural abnormalities, and some findings indicative of genetic illness may occur only after birth.
3. I understand that the test may not reveal the genetic cause of the foetus's structural abnormalities, or it may yield a result that is difficult to interpret in the light of currently available information.
4. I understand the test may also result in another finding that does not explain the structural abnormalities observed in the foetus, but that causes a severe illness that will manifest in childhood, and may have implications for the continuation of the pregnancy or the care to be received by the baby once born.
5. I understand that the test does not cover genetic illnesses manifesting in adulthood or, for example, genetic susceptibility to cancer in adulthood.
6. I understand that the examination may result in the parents being diagnosed as carriers of a severe, hereditary childhood illness with a significant risk of recurrence in the family.

With my signature, I affirm that I have read and understood this informed consent form. I have had the opportunity to ask questions pertaining to consent and any questions I have asked have been answered.

Examination of foetus

Name of parent:	Personal identity code:
Signature:	Date:
Name of parent:	Personal identity code:
Signature:	Date:

Examination of parent:

By my signature, I affirm my sample can be used as a reference sample in the test and my medical records in the patient information system may be inspected for a referral.

Name of parent:	Personal identity code:
Signature:	Date:

Examination of parent:

With my signature, I affirm that my sample may be used as a reference sample in the test and that my medical records in the patient information system may be inspected for the purposes of a referral.

Name of parent:	Personal identity code:
Signature:	Date: