

Reference: centre/reference no.

**Consent form: Research Study: Imprinting disorders, finding out why?**

Please initial boxes where applicable.

1. I confirm that I have read and understood the information sheet (leaflet version....., please complete) for the above study and have had the opportunity to ask questions.
2. I understand that my child's participation is voluntary and that I am free to withdraw my child from the study at any time, without giving any reason, without my medical care or legal rights being affected.
3. I am willing for my General Practitioner to be informed of any relevant medical information obtained about my child as part of the study
4. I agree to the use of a stored sample of blood/ saliva/ skin sample from my child in this research project, or to the use of a new blood/ saliva/ skin sample obtained from my child for the purpose of this research project
5. I agree that part of the same DNA sample may be sent to collaborators including those working at the University of Geneva provided that no clinical or identifying information are sent
6. I understand that genetic information about my child may become available from this research.  
    (a) I would like to be notified of these results   
    (b) I would not like to be notified of these results
7. In the event that a new imprinting problem is found, I agree for further studies on the sample to define the precise extent and significance of the change
8. I give permission for publication of results of genetic analysis and brief medical information (not photographs or details that would allow identification) about my child in a medical journal
9. I give permission for my child's medical notes to be seen by the study researchers
10. I agree that my child may participate in the study

\_\_\_\_\_  
Name of child                                      Date of Birth

\_\_\_\_\_  
Name of parent/guardian                      Date                                      Signature

\_\_\_\_\_  
Name of clinician obtaining consent      Date                                      Signature

## Future and Further Research

Please initial boxes where applicable

### Part B Consent for Related Genetic Research

I am willing for my child's DNA sample to be used for further related research provided that it has been approved by a research ethics committee. This may include genetic research. This will be linked to the clinical information but will be anonymised. I understand that this will mean that I cannot be contacted with any results.

### Part C Further unrelated research on the DNA sample

I am willing for my child's DNA sample to be used anonymously for any research project provided that it has been approved by a research ethics committee. This will be unlinked to clinical information and will be anonymous. I understand that this will mean that I cannot be contacted with any results

### Part D Future research projects

I am happy to be contacted about future Wessex Genetics research projects

\_\_\_\_\_  
Name of child

\_\_\_\_\_  
Name of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of clinician obtaining consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Research ethics number.....

