

Filed within legal section



Royal Cornwall Hospitals
NHS Trust

NHS number: _____
 Name of patient: _____
 Address: _____
 Date of birth: _____
 CR number: _____

AFFIX PATIENT LABEL

Skin Biopsy in Babies and Children Consent Form for Parents and Carers

Please circle yes or no to the following questions:

I have been shown the parent information sheet on skin biopsy in babies and children.	Yes	No
I have been given an opportunity to talk to about the skin biopsy, to ask questions and have them answered to my satisfaction.	Yes	No
I understand that the sample will be sent to the Regional Genetics Laboratory in Bristol for analysis.	Yes	No
I understand the skin biopsy sample is for the purpose of genetic and/or metabolic testing.	Yes	No
I understand that it is possible that the cells from the skin biopsy may not grow in the laboratory and that this may limit the information that is available.	Yes	No
I agree to the long term storage of the skin biopsy sample.	Yes	No
I understand that no future tests will be done on the skin biopsy sample without my permission.	Yes	No
I agree to health professionals sharing information from analysis of the skin biopsy with me and members of my family (as appropriate).	Yes	No
I understand that I have the right to withdraw my consent to storage of this sample in the future if I wish.	Yes	No

Signed: _____ (Parent / Legal Guardian)
Name: _____ **Date:** _____
Witnessed by: _____
Signed: _____ (Doctor)
Name: _____ **Date:** _____