

Stick patient's label here

**Informed Consent Form for
Prenatal and Postnatal Chromosomal Karyotyping/FISH**

The following points have been explained to me:

- (i) The purpose of performing this type of chromosomal karyotyping/fluorescence in situ hybridization (FISH) is to determine if a person has been born with a chromosomal problem
- (ii) Common symptoms that may suggest the presence of a chromosomal problem include
 - Abnormal ultrasound findings, abnormal serum screening, NIPS, advanced maternal age, prior pregnancy with chromosomal abnormality and/or parental concern
 - Dysmorphic features
 - Multiple congenital anomalies
 - Intellectual disability
 - Failure to thrive; short stature
 - Features of a known chromosomal disorder
 - Parent or other family member carrying a known chromosomal abnormality
 - Recurrent pregnancy losses; infertility;
 - Other reason _____ (please state)
- (iii) Chromosome karyotyping/FISH analyses can pick up conditions involving abnormal chromosomal numbers, large rearrangements, large deletions and duplications.
- (iv) However, it has a limited resolution, and cannot detect other genetic changes such as small deletions, duplications, and point mutations
- (v) Chromosomal karyotyping may have unexpected test results that are not directly related to the clinical reason for ordering the test.
- (vi) Chromosomal karyotyping requires mitotic (dividing) cells from a live specimen; the test may not be successful if the cells are not healthy.
- (vii) Fluorescence in situ hybridization (FISH) does not require mitotic cells and can detect presence/absence of specific genes/gene regions, but it cannot detect point mutations.
- (viii) The specimen required may be amniotic fluid, chorionic villi, abortus tissue, a blood sample, a skin sample, or any other living specimen.
- (ix) There may be other relevant alternative tests to chromosomal karyotyping/FISH. This should have been explained to me by my doctor.
- (x) The test results are strictly confidential, and the test results will only be released to the doctor who ordered the test and not directly to the patient/parent. The patient/parent will then have to meet this doctor/ designate/genetic counsellor to get the test results.
- (xi) After the test results have been released to the doctor who ordered the test, the test results will be part of the patient's medical records and will be protected as required under the Personal Data Protection Act of Singapore and other relevant legislations such as the Private Hospitals and Medical Clinics Act.
- (xii) The chromosomal karyotyping/FISH results may affect health insurance coverage or claims.
- (xiii) The access, collection, use, transfer and storage of the above-named patient's personal data (and, where applicable, the disclosure of the above-named patient's personal data to authorized and relevant third parties) will be carried out by NUH for the purpose of the chromosomal karyotyping/FISH on the above-named patient;



I confirm that I have had the opportunity to clarify any queries I have in relation to the chromosomal karyotyping/FISH (including any queries in relation to the contents of this form) and these have been clarified to my satisfaction;

I confirm that the nature, effect, purpose, limitations, potential risks and benefits of, and alternatives to, chromosomal karyotyping/FISH have been fully explained to me by Dr. _____ and I fully understand the explanation;

I consent to chromosomal karyotyping/FISH to be done on

Name of Patient: _____

NRIC / Birth Certificate / Passport No.*: _____

I consent/do not consent* to a small amount of **my/my child's*** DNA being de-identified and stripped of all protected personal information and retained for the use of medical education and/or quality control, after the chromosomal karyotyping/FISH testing is completed. I understand that as the DNA sample will be de-identified, results pursuant to any tests conducted on the DNA sample will not be reported to me/my child. I understand that if I do not consent to this, the quality of my test results will not be affected.

Patient/Parent/Legal Guardian's* signature _____
Date

Name of Parent/Legal Guardian *: _____

NRIC of Parent/Legal Guardian *: _____

Relationship to Patient: _____

I have explained the nature, effect, purpose, limitations, potential benefits and risks of, and alternatives to, chromosomal karyotyping/FISH to the patient/parent and/or legal guardian*, and answered all questions satisfactorily.

 Doctor's signature _____
Date

Name of Doctor obtaining consent: _____

MCR number of Doctor obtaining consent: _____

If consent was obtained via an interpreter:

Language used to obtain consent: _____

Interpreter's signature Date

Name of Interpreter obtaining consent: _____

NRIC of Interpreter obtaining consent: _____

**Delete accordingly*