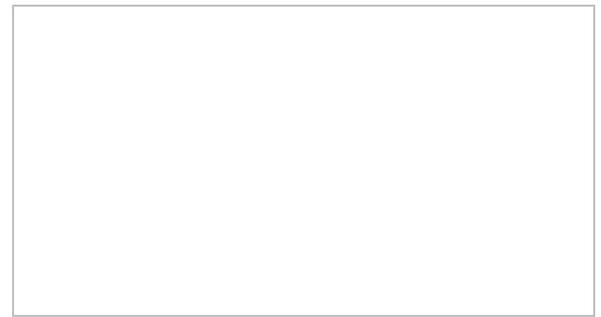


# Cardiovascular Genetic Centre

## Montreal Heart Institute

5000, rue Bélanger, C-1970  
Montréal, QC, H1T 1C8  
Téléphone: 514-593-2498



## Consent Form for Genetic Testing

Genetic testing is done for the purpose of identifying genetic changes, known as variants or mutations, which may be associated with certain heart conditions and which may have implications for your own health, as well as for the health of other persons in your family.

By signing this form, I understand that:

### GENETIC RESULTS

- 1) I am giving permission for my sample (blood, DNA or another type of sample) to be tested; this test is not mandatory.
- 2) My physician may be requested to send information to the Montreal Heart Institute from my medical records, such as the results of certain investigations and my family history, which may help in the interpretation of my test. Because our knowledge regarding hereditary cardiovascular conditions is evolving and it is possible that this information may be requested in the next 25 years, it is recommended that my family (and myself) maintain contact with our referring physician, as well as specialized centres.
- 3) While genetic testing is a valuable tool, it may not always provide a definite answer about the genetic status for myself. The results of this test are therefore not intended to be used as the sole information on which to base diagnosis or management decisions.
- 4) The purposes, limits, risks and benefits of genetic testing have been explained to me prior to proceeding with the genetic analyses. The pamphlet on genetic testing for cardiovascular conditions was given to me and I had the opportunity to obtain answers to my questions.
- 5) It is expected that genetic testing will take several months and my physician or I will be contacted to receive these results. Because the complexity involved in the interpretation of genetic results, as well as implications for other family members, genetic counselling may be recommended.
- 6) In the interest of advancing the understanding of these heart conditions, summary results may be presented, for example at scientific meetings or in publications, however key efforts will be made to preserve confidentiality in this information sharing.
- 7) The results of my genetic testing will be conserved in the clinical laboratory at the Montreal Heart Institute and in my medical file at the clinical centre of my referring physician. Any information communicated to another physician or to a third party, such as an insurer, can only be sent following my written request, unless otherwise required by law.

Initials: \_\_\_\_\_

8) The results of this test may be used for the interpretation of testing for other members of my family.  
I allow  I do not allow

the physician or genetic counsellor at the MHI to communicate my results, in the future, to other health professionals, if this will help in the diagnosis of similar conditions in other family members.  
(please initial above to indicate your choice)

9) I may choose at any time to withdraw this consent and/or to opt to not know the results of my genetic testing; this decision will not affect my current or future medical follow-up. If I do withdraw, steps will be undertaken to have my sample destroyed. However, if genetic or biomarker testing has already been done on the sample, results obtained before my withdrawal will not be sent to my medical file

### LABORATORY TESTING

10) While genetic testing may provide valuable information, no test is 100% accurate and possible sources of error include, but are not limited to, sample misidentification and sample contamination. In rare circumstances, the laboratory may have difficulties analyzing my sample and a second sample may be requested.

### FUTURE USE OF SAMPLES

11) My sample may be stored in the laboratory, after the requested testing is complete, for up to 50 years in case knowledge in this field expands such that further clinical testing is considered warranted or for the purpose of identifying new genes, testing new technologies and validating laboratory procedures regarding cardiovascular conditions. The aim of these further analyses is for clinical goals and not for research. (please initial below to indicate your choice):

I accept that my sample may be used for these purposes and would like to be informed if any findings relevant to my own health or the health of my family are found.

OR

I accept that my sample may be used for these purposes, but do not want to be informed of any findings.

OR

I do not accept that my sample be used for these purposes.

If I have any further questions or concerns, now or in the future, I can contact the Cardiovascular Genetic Centre at: (514) 593-2498.

➤ I understand the information included in this document and have had the opportunity to obtain answers to my questions surrounding genetic testing. I consent to the use indicated in this document

\_\_\_\_\_ (Print full name)

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date

*If a patient is under age 13 years or is otherwise unable to give consent, a parent or other legally authorized person should sign on the patient's behalf*