

# Informed consent to comprehensive genetic analysis in connection with prenatal testing

## Physician's information

Requesting physician, department, hospital: \_\_\_\_\_

Indication for examination: \_\_\_\_\_

I have informed this pregnant woman/guardian/close relative about the possible results and limitations of comprehensive genetic analysis of the fetus. We have discussed the implications this may have and where data from the fetus is stored.

\_\_\_\_\_  
Date Name of staff member in block letters

## My choices

Pregnant woman's name (in block letters) \_\_\_\_\_ Civil reg. no.: \_\_\_\_\_

I confirm that I want the genetic analysis of the fetus to be carried out.

I am informed that a comprehensive genetic analysis in connection with prenatal testing may provide results that involve information about a significantly increased risk of other diseases (important health-related incidental findings).

I decide as following with respect to important health-related incidental findings (tick off only once):

I want information about incidental findings with significant health implications for my fetus even if there is no possibility of prevention/treatment

I only want information about incidental findings with significant health implications for my fetus if there is a possibility of prevention/treatment.

I do not want information about important health-related incidental findings in my fetus.

However, you should be aware that in very rare cases, there may be incidental findings with such significant health implications for your fetus, for you and your family that your physician may be under an obligation to inform you even if you have chosen not to receive information about incidental findings.

I may be contacted if the place of treatment - after my treatment has ended - obtains new knowledge about the genetic analysis carried out for my fetus, which may have health implications for me or my fetus.

Yes  No

## Information about my right to make decisions regarding my genetic data

- I am informed that genetic data from my fetus are used in connection with examinations, check-up and treatment during my pregnancy and any treatment of the child and for purposes directly related to this, and that the genetic data from my fetus may also be used in research projects in accordance with the applicable rules.
- I have been informed that I can always refuse to have genetic data from my fetus used for research by registering with the National Database of Non-Consent to the Use of Tissue Samples for Scientific Purposes (Vævsanvendelsesregisteret), and I have received material on this (form). Upon request, I can receive help filling out the form.
- I am informed that genetic data from my fetus is stored under my civil reg. no. with the Danish National Genome Center.

The signed form is returned to the physician who handed it to you.

\_\_\_\_\_  
Date Signature of pregnant woman/guardian/close relative Signatory's name in block letters