ULB Center of Human Genetics

www.ulbgenetics.be

Hereditary Genetics / Pharmacogenetics

Date of sample collection	Doctor's stamp	Doctor's signature
	Write in black pen please	Copy to:

Laboratoire de Génétique
Hôpital Erasme
808, route de Lennik
1070 Anderlecht
tel : 02/555 41 45

PATIENT

Patient Identifier

Last Name : ______

First Name : ______

Date of Birth : _____ / _____ / _____ Sex : ☐ M ☐ F

Street : ______ N° _____ Box _____

Postal code : _____ Municipality : ______

Mutual insurance Nº: _____ / ______

National Social Security Nº: ______

Request No. Label	Request No. Label
ERASME	ERASME

Clinical Indications

☐ Isolated case ☐ duo ☐ trio ☐ other : ______

☐ Suspicion of genetic condition : ______

☐ Family segregation – carrier testing : ______

☐ Familial genetic anomaly affected patient : ______

Index case must be specified : ______

☐ Presymptomatic test : ☐ 1/2 ☐ 2/2

Two independent requests, only after genetic counseling

Index case must be specified : ______

☐ Confirmation of a genetic anomaly : ______

☐ Pharmacogenetics : ______

Types of Samples and Analyses

Cytogenetics

E☐ CGH-array [2,3,4]

H☐ Karyotype [4] *and / or FISH*

- ☐ Clinical suspicion of:
  - ☐ T13 ☐ T18 ☐ T21 ☐ Turner ☐ Klinefelter
- ☐ Structural anomalies (chrom : ____)
- ☐ Numerical anomalies in low-level mosaicism (chrom : ___)

☐ FISH sur : F☐ Buccal swab U☐ Urine

(as a second-line option in case of mosaic trisomy detected in blood)

☐ sex ☐ trisomy : ______ ☐ other : ______

M☐ Fibroblast culture

☐ metabolic cellular analysis[1,3] ☐ storage [1]

H☐ Chromosomal breakage (Fanconi suspicion)

H☐ Lymphoblastoid line / storage[1]

Exome trio (duo)

E☐ Neurodevelopmental anomalies *(Phenotype to be specified)* [1,3,4]

E☐ Epileptic encephalop. - Rare ped. epilep. *(idem)* [1,3]

E☐ Congenital syndromes *(idem)* [1,3,4]

Infos : ______

Exome (trio desired)

E☐ Rare adult epilep. *(Phenotype to be specified)* [1,3]

E☐ Rare dermatogenetic diseases *(idem)* [1,3]

E☐ Rare immunogenetic diseases *(idem)* [1,3]

E☐ Rare genetic diseases *(mandatory genetic counseling)*[1,3]

Infos : ______

Subcontracted Analysis

E☐ Subcontracted analysis: ☐ DNA ☐ Blood

/!\ Conditions: NF1, FSHD, Blood draw at the beginning of the week

Belgian laboratory : ______

Foreign laboratory[1] : ______

Indication : ______

Gene(s) : ______

Others

E☐ DNA storage E☐ Long reads storage *

E☐ Long reads * **/!\ Blood draw at the beginning of the week**

E☐ Other indication : ______

Gene(s) : ______

Mutation(s) : ______

Targeted analyses / gene panels or in silico panels via exome

Developmental/metabolic anomalies

E☐ Achondroplasia / Hypochondroplasia (FGFR3)

☐ Hot-Spots (G380R – N540K) ☐ Rares via exome [1,3]

E☐ Uniparental disomy Chr : ☐ 7 ☐ 11 ☐ 14 ☐ 15

E☐ Phenylketonuria [4] *(PAH)*

E☐ Prader-Willi [4] E☐ Angelman [4]

E☐ Fragile X [4] *(FMR1)*

Endocrinology

E☐ Albright *(GNAS)* E☐ McCune-Albright *(GNAS)*

E☐ Allgrove/Triple A syndrome *(AAAS)*

☐ Hot-Spot (c.1331+1G) ☐ Full gene via exome [1,3]

E☐ Rare endocrine pathologies via exome [1,3]

- ☐ Parathyroid pathologies ☐ Male/female infertility
- ☐ Thyroid pathologies ☐ Precocious puberty
- ☐ Hypogonad. hypogonadism ☐ Disorders of Sex Dev.
- ☐ Obesity ☐ Insulinopathies/MODY
- ☐ Endocrine neoplasms ☐ OHSS (FSHR)
- ☐ Short stature ☐ Other (to be specified)

Gastroenterology / Pulmonology

E☐ Alpha-1-antitrypsin/AAT *(SERPINA1 : S and Z alleles)*

E☐ Cystic fibrosis [4] *(CFTR)* ☐ 88 mutations ☐ Full gene

E☐ Hereditary pancreatitis P [2,3]

E☐ Pulmonary diseases *(bronchiec./ fibrosis / …)* via exome[1,3]

ENT (Ear, Nose, Throat)

E☐ Hearing loss [4] *(GJB2, GJB6, STRC, OTOA)* => §6 see page 3

Hematology

E☐ Hereditary hemolytic anemias via exome [1,3]

E☐ Sickle cell disease [4]

E☐ Hemoglobinopathies (modifiers) *(HBG2_XMN1, HBS1L-MYB, BCL11A)*

E☐ Thalassemias [4] ☐ alpha ☐ beta

Internal Medicine *adult or pediatric presentation*

E☐ Amyloidosis *(TTR, APOA1, APOA2)* [2,3]

E☐ Hereditary cancers[2,3] => specific form required

- ☐ Breast/ovarian P [4] ☐ Prostate P
- ☐ Pancreas P ☐ Colorectal P
- ☐ Renal via exome ☐ Melanoma P
- ☐ Li-Fraumeni (like) P ☐ Other (to be specified)

E☐ Hemochromatosis type I [4] *(HFE)*

☐ Hyperferritinemia ☐ Transferrine sat. > 45%

E☐ Rares hemochromatosis P [2,3] => only if HFE1 excluded

E☐ Fam. Hypercholest.- Dyslipidemia P [2,3]

DLCN score mandatory; panel accepted if ≥ 6 and if clinical details justifying the score are provided => specific form required

E☐ Autoinflammatory diseases P [2,3,4]=> §7 see page 3

HE☐ Porphyrias P [2,3] => attach biochemical analysis results

Pharmacogenetics

E☐ TPMT [4]

E☐ Gilbert Syndrome *(UGT1A1)*

Nephrogenetics

E☐ ApoL1

Neurology and neuromuscular

E☐ Muscular atrophies

- ☐ Spinal *(SMN1)* [4]
- ☐ ALS *C9ORF72* (triplets expansion)

E☐ Ataxias [1,3]

- ☐ Spinocerebellar *SCA 1, 2, 3, 6, 7* (triplets expansion)
- ☐ Extended Panel via exome [1,3,4]

E☐ Tomaculous neuropathy [4] *(HNPP, PMP22 deletion)*

E☐ Neuropathy / Charcot-Marie-Tooth

- ☐ *CMT1A (PMP22 duplication)* [4]
- ☐ *CMT1X (GJB1)*
- ☐ Extended Panel via exome [1,3,4]

E☐ Dementia *(< 70 years or familial)*

- ☐ *C9ORF72* (triplets expansion)
- ☐ Early-onset Alzheimer P *(4 genes including APOE)*
- ☐ Extended Panel via exome [1,3]

E☐ Huntington disease [4] *(HTT)*

E☐ Movement disorders / Dystonia / Parkinson via exome [1,3]

E☐ Hereditary spastic paraplegia exome [1,3,4]

E☐ Hereditary neuromuscular disorders exome [1,3,4]

E☐ Motor neuron / ALS exome [1,3]

E☐ Duchenne muscular dystrophy *(DMD)*

E☐ Oculopharyngeal muscular dystrophy *(OPMD)*

E☐ Hereditary neurovascular patho. via exome [1,3]

(stroke < 30 years or familial, mult. cerebral vascular malfo.)

1 MANDATORY consent **2 RECOMMENDED consent** **3 Clinical signs and pedigree MANDATORY** **4 ACCREDITED analysis**

E☐ = EDTA tube H☐ = Heparin tube M☐ = Conical transport medium tube F☐ = AMIES swab tube U☐ = Urine

Insurance / Mutual Fund

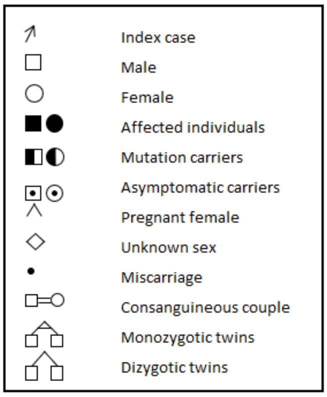
Have you verified that your patient has health insurance or obtained approval for genetic analysis from a private insurance company ?

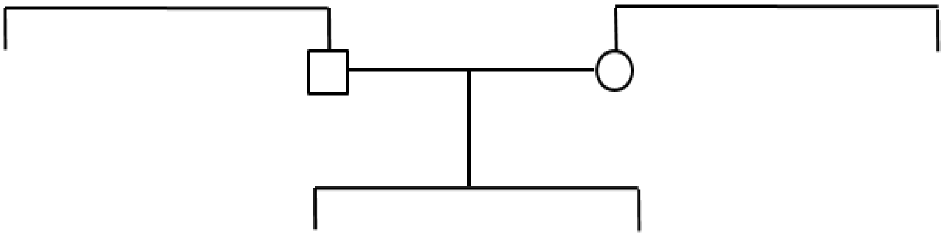
If the patient does not have insurance, did they mention that they agreed to pay after being informed of the high costs (up to €1700 per analysis) ?

Family history

For each affected and/or sampled individual, indicate: name, first name, date of birth.

Specify the relationship and the phenotype of the individuals concerned.





Clinical signs

1. Neurodevelopmental Anomalies

□ **Global developmental delay (<5 years)**
- □ mild
- □ moderate
- □ severe
- □ age of social smile onset : ____________

□ **Language delay**
- □ absence of speech
- □ expressive deficit
- □ receptive deficit
- □ at 1 year – no babbling
- □ at 2 years – no two-word phrases
- □ at 3 years – no sentences
- □ at 4 years – missing words in sentences

□ **Intellectual disability**
- □ borderline (IQ 70–79)
- □ mild (IQ 50–69)
- □ moderate (IQ 35–49)
- □ severe (IQ 20–34)
- □ profound (IQ <20)

□ **Learning difficulties (IQ >80)**
- □ dyslexia
- □ dyspraxia
- □ dyscalculia

□ **Behavioral disorders**
- □ ADHD
- □ autism spectrum disorders
  - □ autism □ with high cognitive abilities
- □ stereotyped behavior
- □ poor concentration
- □ hyperactivity
- □ impulsivity/aggressiveness/violence
  - □ self-aggressiveness □ aggressive behavior
- □ frustration intolerance
- □ fears/anxiety
- □ sleep disorders

□ **Psychiatric disorders**
- □ age of onset : ____________
- □ bipolar disorder
- □ personality disorders
- □ psychosis
- □ schizophrenia

□ **Epilepsy**
- □ age of onset : ____________
- □ absence seizures
- □ complex seizures
- □ status epilepticus
- □ febrile seizures
- □ focal seizures
- □ generalized seizures
- □ myoclonic seizures
- □ spasms
- □ tonic-clonic seizures

□ **EEG anomalies**
- □ epileptiform anomalies
- □ generalized epileptiform anomalies
- □ hypsarrhythmia □ burst suppression □ spike-wave pattern

2. Other Neurological Anomalies

□ **Muscle tone anomalies**
- □ axial hypotonia
- □ global hypotonia
- □ peripheral hypertonia
- □ spasticity
- □ age of head control : ____________
- □ age of sitting : ____________
- □ age of supported walking : ____________
- □ age of independent walking : ____________

□ **Ataxia**

□ **Dystonia**

□ **Muscle weakness**
- □ girdle weakness
- □ distal weakness
- □ generalized weakness
- □ limb weakness
- □ progressive

3. Major Malformations

□ **Cardiac malformations**
- □ Atrial septal defect (ASD)
- □ Ventricular septal defect (VSD)
- □ Aortic coarctation
- □ Tetralogy of Fallot
- □ Hypoplastic left heart
- □ Patent ductus arteriosus
- □ Transposition of the great arteries
- □ Common arterial trunk

□ **Other cardiac anomalies**
- □ Cardiomegaly
- □ Cardiomyopathy
  - □ hypertrophic □ dilated
- □ Dextrocardia

□ **Craniofacial malformations**
- □ Anophthalmia (L/R/bilateral)
- □ Anotia (L/R/bilateral)
- □ Choanal atresia (L/R/bilateral)
- □ Optic atrophy (L/R/bilateral)
- □ Coloboma (L/R/bilateral)
  - □ iris □ retina □ optic nerve
- □ Craniosynostosis
- □ Cryptophthalmos (L/R/bilateral)
- □ Septo-optic dysplasia
- □ Facial cleft
- □ Cleft lip
  - □ median □ bilateral □ unilateral (L/R)
- □ Cleft palate
- □ Bifid uvula
- □ Microphthalmia (L/R)
- □ Microtia (L/R)
- □ Pierre Robin sequence
- □ Prominent metopic suture

□ **Limb Malformations**
- □ Amelia (L/R)
- □ Toe a/hypoplasia (L/R/bilateral)
- □ Radial a/hypoplasia (L/R/bilateral)
- □ Terminal aplasia (L/R/bilateral)
- □ Hand ectrodactyly (L/R/bilateral)
- □ Foot ectrodactyly (L/R/bilateral)
- □ Long bone anomalies
  - □ Femur (L/R/bilateral) :
    - □ absent □ short □ curved
  - □ Humerus (L/R/bilateral) :
    - □ absent □ short □ curved
  - □ Tibia (L/R/bilateral) :
    - □ absent □ short □ curved
  - □ Fibula (L/R/bilateral) :
    - □ absent □ short □ curved
  - □ Radius (L/R/bilateral) :
    - □ absent □ short □ curved
  - □ Ulna (L/R/bilateral) :
    - □ absent □ short □ curved
- □ Hemihypertrophy (L/R/bilateral)
- □ Club hand (L/R/bilateral)
- □ Ulnar deviation (L/R/bilateral)
- □ Radial deviation (L/R/bilateral)
- □ Fibula anomaly (L/R/bilateral) :
  - □ absent □ curved
- □ Phocomelia (L/R/bilateral)
- □ Clubfoot (L/R/bilateral)
- □ Polydactyly
  - □ Hand (L/R/bilateral) :
    - □ preaxial □ postaxial
  - □ Foot (L/R/bilateral) :
    - □ preaxial □ postaxial
- □ Radioulnar synostosis (L/R/bilateral)

□ **Abdominal Wall Anomalies**
- □ Omphalocele
- □ Diastasis of rectus abdominis
- □ Other: ____________

□ **Skeletal Malformations**
- □ Rib anomalies
- □ Multiple fractures
- □ Vertebral malformations
- □ Scoliosis

□ **Central Nervous System Malformations**
- □ Anencephaly
- □ Arhinencephaly
- □ Intracerebral calcifications
- □ Cerebellar anomaly
  - □ Arnold-Chiari malformation
  - □ Cerebellar atrophy
  - □ Vermis atrophy
  - □ Dandy-Walker malformation
  - □ Mega cisterna magna
- □ Corpus callosum anomaly
  - □ agenesis □ hypoplasia □ partial

Clinical signs

- □ Encephalocele
- □ Hydrocephalus
- □ Holoprosencephaly
  - □ alobar □ semilobar □ lobar
- □ Leukoencephalopathy
- □ Meningocele
  - □ Myelomeningocele □ occipital
- □ Neuronal migration anomalies
- □ gyration anomaly
- □ neuronal heterotopias
- □ Delayed myelination
- □ Porencephaly
- □ Schizencephaly
- □ Neural tube anomaly
- □ Periventricular white matter anomaly
  - □ Leucomalacia
- □ Spina bifida
- □ Brainstem anomaly
- □ Ventriculomegaly

□ **Respiratory System Anomalies**
- □ Diaphragmatic hernia
- □ Tracheal anomaly
- □ Tracheoesophageal fistula

□ **Digestive Tract Anomalies**
- □ Esophageal anomaly
  - □ atresia
- □ tracheoesophageal fistula
- □ Duodenal anomaly
  - □ atresia

□ **Urogenital Anomalies**
- □ Clitoral hypertrophy
- □ Cryptorchidism
- □ Pyelocaliceal dilatation
- □ Hypospadias
- □ Male hypogenitalism
- □ Megacystis (megabladder)
- □ Micropenis
- □ Vesicoureteral reflux
- □ Kidney anomalies
  - □ agenesis □ duplication □ dysplasia
  - □ ectopia □ hydronephrosis □ hypertrophy
  - □ hypoplasia □ cysts
- □ Scrotal anomalies
  - □ bifid □ shawl scrotum □ hypoplastic
- □ Urethral anomalies
  - □ atresia □ dilatation □ stenosis

□ **Other Anomalies**
- □ Situs inversus

4. Minor malformations – dysmorphies

□ **Neck anomalies**
- □ Short neck
- □ Webbed neck
- □ Excess skin

□ **Craniofacial anomalies**
- □ Facial asymmetry
  - □ Asymmetric crying face
- □ Facial dysmorphia
- □ Midface hypoplasia
- □ Low columella
- □ Short columella
- □ Macroglossia
- □ Macrostomia
- □ Micrognathia
- □ Microstomia
- □ Fontanelles : wide
- □ Fontanelles : delayed closure
- □ Forehead : frontal bossing
- □ Narrow forehead
- □ Receding forehead
- □ Large forehead
- □ Forehead : low hairline
- □ Curved nose
- □ Nasal bridge
  - □ depressed □ wide □ prominent
- □ Nose : anteverted nostrils
- □ Prominent nose
- □ Malar hypoplasia
- □ Ear anomalies
  - □ Low-set ears
  - □ Preauricular pits
  - □ Preauricular tags
  - □ Poorly folded ears
  - □ Lobe anomalies
  - □ Large lobes
  - □ Folded helix
- □ High-arched palate
- □ Eyelids anomalies
  - □ Blepharophimosis
  - □ Epicanthus
  - □ Downward and outward slant
  - □ Upward and outward slant
  - □ Ptosis
  - □ Telecanthus
  - □ Wide palpebral fissures
  - □ Eversion of the lateral third of the lower eyelid
- □ Philtrum anomalies
  - □ Flattened philtrum
  - □ Long philtrum
  - □ Bulging philtrum
  - □ Short philtrum
- □ Retrognathia
- □ Eyebrows anomalies
  - □ Broad eyebrows
  - □ Sparse eyebrows
  - □ Arched eyebrows
  - □ Synophrys (unibrow)

□ **Limb anomalies**
- □ Single transverse palmar crease (L/R/bilateral)
- □ Thumb aplasia/hypoplasia (L/R/bilateral)
- □ Bifid thumb (L/R/bilateral)
- □ Broad thumb (L/R/bilateral)
- □ Triphalangeal thumb (L/R/bilateral)
- □ Clinodactyly of fingers
  - □ Clinodactyly II, III, IV, V (L/R/bilateral)
- □ Clinodactyly of toes
  - □ Clinodactyly II, III, IV, V (L/R/bilateral)
- □ Fetal pads
- □ Joint hyperlaxity
- □ Nails (hands) : aplasia/hypoplasia of nails
  - □ Fifth ray involvement
- □ Nails (feet) : aplasia/hypoplasia of nails
  - □ Fifth ray involvement

□ **Ocular anomalies**
- □ Enophthalmia
- □ Hypertelorism
- □ Hypotelorism
- □ Nystagmus
- □ Proptosis
- □ Iris : aplasia/hypoplasia
- □ Iris : heterochromia
- □ Strabismus

□ **Thoracic anomalies**
- □ Widely spaced nipples
- □ Inverted nipples
- □ Pectus carinatum
- □ Pectus excavatum

□ **Other minor malformation/dysmorphic sign :** ______

5. Growth anomalies

□ **Growth delay**
- □ Intrauterine growth retardation
- □ Postnatal height–weight growth delay

□ **Advanced stature**

Birth length :	______	cm	______	DS
Birth weight :	______	kg	______	DS
Birth head circumference :	______	cm	______	DS
Current height :	______	cm	______	DS
Current weight :	______	kg	______	DS
Current head circumference :	______	cm	______	DS
Mother's height :	______	cm	______	DS
Father's height :	______	cm	______	DS

□ **Microcephaly**
- □ primary □ secondary □ relative

□ **Macrocephaly**
- □ primary □ secondary □ relative

□ **Feeding difficulties**

□ **Failure to thrive**

□ **Thinness**

□ **Anorexia nervosa:** age of onset : ______

□ **Obesity** □ isolated □ non-isolated

Child's BMI : ______

Mother's BMI : ______

Father's BMI : ______

□ **Bone anomalies** (frequently associated with growth delay)
- □ Madelung deformity
- □ Humerus anomaly
  - □ Short humeri
- □ Osteopenia
- □ Osteopetrosis
- □ Mesomelic shortening
- □ Rhizomelic shortening

6. Hearing impairment

(to be completed obligatorily for GJB2/GJB6/SCL26A4 + complete family tree)

- □ Age of onset : ______
- □ Congenital
  - □ Pre-lingual
  - □ Post-lingual
  - □ Progressive
- □ Degree
  - □ Mild (20–40 dB)
  - □ Moderate (40–60 dB)
  - □ Severe (60–80 dB)
  - □ Profound (>80 dB)
- □ Type
  - □ Sensorineural
  - □ Conductive
  - □ Bilateral
  - □ Unilateral
- □ Semicircular canal anomaly
- □ Vestibular anomaly
- □ Mondini malformation
- □ Affected relative : ______
- □ Other : ______

7. Autoinflammatory diseases

(to be completed obligatorily + complete family tree)

Ethnic origin : ______

Consanguinity : yes / no

Age of onset of fevers : ______

Periodicity of fevers (number of episodes/year): ______

Duration of fever episodes : ______

Temperature : ______

Associated signs (check and circle):

□ Mucocutaneous : rash, aphthae, acne, psoriasis, folliculitis, pseudo-erysipelas, cellulitis, pharyngitis, pyoderma gangrenosum, pustulosis

□ Musculoskeletal : arthralgia, arthritis, isolated or multiple aseptic osteomyelitis, periostitis, myalgia, lipodystrophy

□ Ocular : conjunctivitis, periorbital edema, uveitis, other ophthalmic involvement

□ Gastrointestinal : abdominal pain, vomiting, diarrhea, appendicitis, peritonitis

□ Lymphoid organs : lymphadenopathy, painful cervical lymph nodes, splenomegaly/hepatomegaly

□ Cardiorespiratory : pericarditis, pleurisy, chest pain

□ Neurological: sensorineural hearing loss, meningitis

□ General : fatigue, headaches, weight loss, amyloidosis, vasculitis

□ Other symptoms: ______

Triggering factors for febrile episodes:
Cold / emotion / vaccination / other

Biology : sample taken during a crisis ? Yes / No

□ Elevated ESR and/or CRP

□ Elevated IgD and/or mevalonic aciduria

□ Autoimmunity

Treatment : colchicine / corticosteroids / other : ______

□ Response : yes / no

8. Other anomalies – remarks

______

Informed Consent for Genetic Analysis

PATIENT and PARENTS

Patient Identifier

Last Name: ______________________ First Name: ______________________ Date of Birth: _____ / _____ / _____

Mother Identifier

Last Name: ______________________ First Name: ______________________ Date of Birth: _____ / _____ / _____

Father Identifier

Last Name: ______________________ First Name: ______________________ Date of Birth: _____ / _____ / _____

This consent applies to : □ the patient □ the patient and mother □ the patient and father □ the patient and both parents

If the answers to the questions below differ for family members, please complete a separate consent form for each.

Presence of a translator: □ yes □ no Last Name: ______________________ First Name: ______________________

I have **received the necessary clinical information** from the healthcare professional and/or have read the corresponding information leaflet.

I confirm that I have been **properly informed about the objectives and type(s) of analysis** selected above, which will be carried out in relation to the aforementioned condition.

I understand that **variants of unknown clinical significance** may be identified in one or more genes, which may not allow a formal and definitive conclusion about their pathogenic role (requiring reassessment at a later stage).

I have had the time and opportunity to ask questions and **I am satisfied with the answers and explanations** I have received.

CLINICAL CONSENT	YES	NO
1. Do you consent to being informed of incidental findings of other medically useful and actionable conditions ?		
2. Do you consent to the regular re-analysis of data within the diagnostic framework ?		

I understand that **sharing medical and genetic data** with experts/scientific collaborators (via recognized databases) is crucial to improving our knowledge of the links between genetic variations, human biology mechanisms, and the occurrence of diseases. I am informed that such sharing and expert evaluation may lead to better diagnosis for myself or others, improved healthcare in general, and enhanced prevention and therapeutic options. I understand that data sharing and research are always undertaken in a pseudonymized manner in accordance with Belgian, European, and international regulatory and legal frameworks*.

I understand that **I retain the right to change or withdraw my consent at any time**, and that once the child reaches adulthood, they may modify the choices made by their parents on their behalf. Modification and/or withdrawal of my consent will have no negative consequences on the performance of the selected test above, nor on the non-genetic medical care of the person concerned by this consent, but may alter the genetic information that could have been transmitted after the date of my change. I understand that my withdrawal cannot apply to results and information obtained and/or transmitted before the date of my withdrawal request.

I understand that my participation in research is voluntary and will not provide me with any financial benefits.

RESEARCH CONSENT	YES	NO
3. Do you consent to the storage in the GenB3 biobank of DNA/RNA/tissue samples taken ?		
4. Do you consent to the re-analysis and sharing of data within a research framework and to the possible publication of results ?		

The cost of genetic analyses is covered by INAMI in most situations. If you are not covered by a mutual insurance, an insurance company, a social service, or an officially recognized association willing to cover the costs, these (which may amount to up to 1700 euros per person depending on the analysis) will, by default, be charged to you. **It is therefore very important**, before any genetic test, to check with your prescribing physician/geneticist that the tests are clinically justified and represent a minimal or acceptable financial burden for you.

To be completed by the patient, parent(s), or legal representative		
	Patient – Mother – Father* (*cross out unnecessary mentions)	Patient – Mother – Father* (*cross out unnecessary mentions)
Last Name		
First Name		
Date		
Signature		

To be completed by the healthcare professional	
I confirm that I have informed and answered to the best of my ability regarding the possible results and limitations of the tests performed.	
Last Name	
First Name	
Date	
Signature and stamp	

This version of the consent documents has been adapted and approved by the Erasme-ULB Ethics Committee.

***Requests, consents and information documents :** http://ulbgenetics.be/documents-utiles/#prescription
***Declaration of Helsinki :** https://www.wma.net/fr/policies-post/declaration-dhelsinki-de-lamm-principes-ethiques-applicables-a-la-recherche-medicale-impliquant-des-etres-humains/
***Respect for privacy :** https://www.autoriteprotectiondonnees.be/reglement-general-sur-la-protection-des-donnees-citoyen