

Cardiff S.A.S. Porphyrria Service

Record of Consultation

Genetics Record Number:
Name:
Date of birth:
Address:
Post code (mandatory):

Family History
A: Type of porphyria in family:
B: Details of unequivocally affected relative:
Name:
Date of birth
Relationship to the patient
When/Where diagnosed:

During this consultation we have discussed the following issues, and I believe that you have agreed to the uses indicated. (Please put ticks or crosses in the boxes)

Table with 3 columns: Issue, Discussed, Agreed. Rows include: A. I agree to analysis of the sample for the investigation of porphyria, B. I agree to the sample being stored in case future checks or tests are needed, C. I would like to be contacted if new tests become available before further tests are done on the stored sample, D. I am happy for further diagnostic tests on the stored sample to be undertaken without being contacted, E. I agree that information and test results may be shared to help other family members, F. I agree that the laboratory can anonymise the sample for future research and the monitoring of the quality of results.

Please confirm your agreement by adding your signature to this form below:

Signed.....
(Patient/Parent/Guardian)

Signed Date.....
(Clinician)

NB. Analysis cannot proceed without a fully completed and signed form. The patients' postcode is essential in order for UKGTN to monitor equity of access to genetic services.