

# GMG Patient Consent Form

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## Garvan Molecular Genetics Patient Consent Form for Clinical Genetic Testing

### Privacy Collection Statement and Consent

1. Your treating specialist has requested a clinical genetic service (confirmatory technical report **ONLY**) from Garvan Molecular Genetics (GMG). In order to provide this technical genetic report, you will be asked to provide a blood sample. The report will be based on genetic information derived from scientific analysis of the blood sample collected from you.
2. When we receive a request for a technical genetic report, we receive and store personal information such as your name, date of birth, address and other contact details. We may receive and store information about you from the request form including your medical history; results of previous tests and investigations; your family medical history; and details about your treating doctors and other health professionals involved in your care.
3. We will disclose your personal information, typically in the form of a technical genetic report, to your treating specialist.
4. GMG works with reputable contractors and service providers. Those organisations provide us with scientific and technical services necessary to provide our services. We require our service providers to comply with GMG's Privacy Policy and Australian Privacy Laws.
5. GMG handles your personal information in accordance with its Privacy Policy. Please ask your treating specialist to provide you with a copy of our Privacy Policy (or please contact us to obtain a copy). The Privacy Policy includes more detailed information about the collection, use, disclosure and security of your personal information. The Privacy Policy includes information about how you may request access to, and correction of, personal information we hold about you. The Privacy Policy also includes information about how you may make a complaint about how your personal information has been handled.

Please acknowledge receipt of this Privacy Collection Statement and provide your consent to our collection, use and disclosure of your personal information as described in this Privacy Collection Statement and our Privacy Policy by signing and dating below.

- ☐ I have read and understand this Privacy Collection Statement and I consent to the collection, use and disclosure of my personal information as described in this Privacy Collection Statement.
- ☐ I have been provided with a copy of, or given the opportunity to review, GMG's Privacy Policy.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

If you are signing this form on behalf of a person who does not have legal capacity to consent to the request of a clinical genetic report from GMG, please indicate the capacity in which you are signing this form (eg. parent, legal guardian, attorney or other person responsible for medical treatment decisions):

Capacity: \_\_\_\_\_

GMG is a specialist provider of molecular genetic services. GMG is a facility of the Garvan Institute of Medical Research. GMG can be contacted at: GMG, Garvan Institute of Medical Research, 384 Victoria Street, Darlinghurst, NSW 2010. Telephone: + 61 (0)2 9295 8384, Email: [gmg@garvan.org.au](mailto:gmg@garvan.org.au)

