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**CONSENT FORM IN ORDER TO REALISE GENETIC STUDY  
AND/OR CONSERVATION IN THE DNA BANK**

A copy must be given to the person who accepted the sample to be taken.

I the undersigned..... parent of the child .....  
living in .....

is authorizing Doctor..... to realize, or to have realised genetic studies that can help to the diagnosis or to the prevention of the illness a member of my family or myself is suffering. Another new consent from me has to be done for every other investigation.

Doctor .....explained to me the nature of the studies that will be done with my blood, among others the fact that they will use molecular biology techniques, that they could require several years to be done, and that the sample will be kept as long as needed. He also informed me of the possible results and their numerous consequences.

I authorise the possible use of the DNA samples in order to improve in the knowledge of the illness.

I authorize the gathering and the treatment of my medical file data, with respect of confidentiality. I have been informed that I have the right to access and to modify the data through the Doctor I choose for.

Only Doctor..... or the people he will name could have access to the data and perform the analysis he told me about, aiming to what I signed for.

Duly informed about the consequences of these studies, I :

Asked..... refused..... for these studies results to be passed on to me. I can change my mind about it anytime I'd like and if I want to, I can also ask for the blood sample that has been taken, or the products it's resulting in (for example DNA) to be destroyed.

Done in Gosselies, ...../...../

Doctor's signature and name

Patient's signature and name