

MGH NEUROGENETICS DNA DIAGNOSTIC LAB
CLIA #22D0883928
New York State #CQP4866

DNA Diagnostic Testing for Autosomal dominant Huntington Disease
(HD, HD)

Consent for DNA-based Analysis

I request and authorize Massachusetts General Hospital (MGH) Neurogenetics DNA Diagnostic Laboratory to analyze a sample of DNA, isolated from blood or tissue (type) _____ obtained on (date) _____, to assess the probability that myself/fetus (circle one) has inherited a trinucleotide (CAG) repeat expansion associated with the gene for Huntington Disease (HD).

- A. The test procedure has been explained to me, and I understand that one of a number of outcomes might result:
 - 1. The test results may indicate that I/my fetus carry the trinucleotide repeat expansion associated with HD.
 - 2. The test results may indicate that I/my fetus have trinucleotide repeat number which falls within the normal range and has not been associated with clinical HD.
 - 3. The test results may indicate that I/my fetus have a trinucleotide repeat number which falls in the indeterminate range. This may complicate interpretation and clinical prognosis.
- B. In the case of prenatal testing, maternal cell/DNA contamination of the fetal sample may occur. If not detected, maternal contamination could result in a misdiagnosis.
- C. We currently do not offer pre-symptomatic HD DNA testing to those under the age of eighteen (18) years.

Despite the highly accurate nature of this testing and laboratory quality control measures, errors (false positives and false negatives) may occur at a frequency estimated to be less than 1%.

Signature _____ Date _____
(patient)

Signature _____ Date _____
(professional obtaining consent)

Signature _____ Date _____
(witness)

(address of witness)

I, _____ am knowledgeable about the Guidelines for Huntington's Disease testing as established by the Huntington's Disease society of America, have discussed them with the above parties and agree to follow these to the best of my ability.

The patient ___ is symptomatic ___ is not symptomatic

Printed name

Professional's signature

Date