

National Creutzfeldt-Jakob Disease Surveillance Unit

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CONSENT FORM FOR GENETIC ANALYSIS IN CJD

I.....consent to a tissue sample being taken from myself/my relative born..... for the purposes of research on the disorder Creutzfeldt-Jakob disease.

Signed

The research on the tissue sample will principally involve studies that will not have any direct implications for individuals, although we hope that they will help us understand the disorder better in future. However, in a few cases, Creutzfeldt-Jakob disease may result from a change in a genetic factor that could give a risk to family members. In view of this,

1. Would you like to know any test result that might suggest a risk to other family members?

YES/NO

2. It is possible that information from this research that does not appear to be important now, might become so in the future. If this were to occur, would you like to be informed?

YES/NO

Signed.....

Date:.....

Signed..... (Registrar)

Date:.....