www.hse.ie/go/wrhlab (Access the Haematology section of UHW Lab User Manual on this website to print copies of form)

## Factor V Leiden & Prothrombin Mutation Genetic Tests Consent Form

• This form must accompany any request/specimen for Factor V Leiden and/or Prothrombin Mutation genetic tests

## All sections A to E of form must be completed

A: Patient Details																							
First Name:																							
Last Name:																							
D.O.B.	D	D M M Y Y Y									١	/lale		Female									
Address:																							
<u> </u>																							
Ī																							
B: Requesting Clinician																							
Doctor's Code																							
Doctor's Name:	:																						
Practice or Ward/Hospital address:																							
Doctor's Signat	ture									_													
C: Sample Details																							
Date & Time Sample Taken:																							
D: Request Details																							
One EDTA (purple top) sample is sufficient for both tests																							
Please indicate t	tests	requ	uired	l:																			
Factor V Leiden Mutation										N.B. One or more of the indicators for Thrombophilia													
Prothrombin G20210A Mutation										testing must be present – refer to the Thrombophilia Screening section of UHW Laboratory User Manual													
E: Patient Cor	nsen	<u>ıt</u>																					
Igenetic material																							
The purposes fo opportunity to ha								pote	ential	l imp	licati	ons I	nave	bee	n exp	plain	ed to	o me	and	I ha	ve had	an	
Signed:										Dat	e:												