

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

Consent Form for Haemochromatosis Genetic Testing

(C282Y and H63D Mutations of the HFE Gene)

This form must accompany any request/specimen for haemochromatosis testing.
Testing will not be performed unless this form is completed in full.

All sections A to D of form must be completed

A: Patient Details

First Name:																												
Last Name:																												
D.O.B.	D	D	M	M	Y	Y	Y	Y			<input type="checkbox"/> Male	<input type="checkbox"/> Female																
Address:																												

B: Requesting Clinician

Doctor's Code																											
Doctor's Name:																											
Practice or Ward/Hospital address:																											

Doctor's Signature _____

C: Reason for Requesting HFE Genotype

1. Family History YES NO If YES please state relationship to index case

Or

2. Clinical Indication Most recent fasting Transferrin Saturation Date of test

Note: Non-familial testing for haemochromatosis is recommended if the fasting Transferrin Saturation is >45% (HSE Hereditary Haemochromatosis guideline for GPs)

D: Patient Consent

My signature below indicates that I am consenting to have a genetic test for hereditary haemochromatosis and that the implications of same have been fully explained to me by a medical practitioner.

Patient's signature: _____ Date: _____

Insert completed consent form, with the sample, in the sample bag attached to the Blood Sciences request form. Sample type: EDTA anticoagulated blood (purple capped bottle).