the FORM

/ Bundle / Σ consents in 1
/ canonicalResource: url.
/ Observation /

Section I: Ressource: Questionnaire
(has URL)
- use boolean for Ys/No response.

- It's my choice for my child/person under my care to have genomic testing. [Ys/No].
I [..........] (parent's guardian/name); (Ressource: Patient)
- Understand that my child's/the person under my care's DNA will be tested by:
↳ ressource: relatedPerson
(observation
  - ● Panel ● Exome ● Genome. ↳ res: valueSet/Observation
- To look for changes in genes that may be associated with:
[..........] (condition or clinical Indicatd → ressource: Observation/ValueSet!

- About the test

- I~~f~~ provide consent to share my child's/person under my care's sample; genomic data, and related health informati for:
Ressource: consent.
  - general research use Ys/No
  - health/medical/biomedical research Ys/No
  - research ~~following~~ involving the following areas: specified disease [......]
  - future use is limited to research involving a particular gender [....] on ● male ● female
(Ys/No) if Ys → ● other: [......].
  - future use is limited to pediatric research. → Yes/No
  - future use is limited to research involving a specific population. Ys/No.
if Ys ; ......
  - future use is limited to data generated form sample collected after the following consent form date Ys/No

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- I have had enough time to consider the informatx in this consent form and have;

(consent): provision → +++, actor, period
partOf, based on: ..

- had the opportunity to discuss genomic testing and its implicatx with a health professional. Yes/No
- Been given access to information about genomic Testing. Yes/No
- Been able to ask questions until I am satisfied with the answers. Yes/No
- Been offered a copy of this consent form. Yes/No,

Binary
(handle inforata sharing)

- I provide consent to have genomic testing as summarised in these forms;

ressource
Patient

Child's name (Patient) Date of Birth Parent's / Guardian's ID.

Parent's / Guardian's name (Related Person) Email / Address.

Health Professional name Health Professional ID.

Ressource:
- Practicioner
- Healthcare Service

- The following individual can be given my child's / the person under my care's results if I am unable to be contacted:

~~Conta~~
- Contact name; ...
- 〃 number: ...
- Relatx to the patient:

ressource / Observatx (relatedPerson)

Section II: Research study. (ressource: locatx)
- organization

- I confirm that: (ressource: consent).
↳ attribut: provision (can capture Ys or No)

- I've read this information statement and I understand its contents. Ys / No

- I understand what my child and I have to do in the study. Ys / No

- I understand the risks my child could face because of their involvement in this study. Ys / No

- I voluntarily consent for myself and/or my child to take part in this study. Ys / No

- I've had an opportunity to ask question about the study and I'm satisfied with the answers I've received.

- I understand that this study has been approved by a suitable human research.

- I understand I'll receive a copy of this informatx statement and consent form
↳ ressource: Binary

+ signature: (ressource: Operatx Definition (extension attribut).

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