INFORMED CONSENT FOR HUNTINGTON DISEASE	(HD)	DNA	TESTING
---	------	-----	---------

Pa	tient Last Name	First Name	Birth Date	/	_/			
Do	es the patient have symptoms of HD?	If so, describe						
Who is the patient's closest relative with HD?Age the relative's symptoms began								
Was this relative's diagnosis confirmed by DNA testing?								
•	HD is an inherited, neurodegenerative condition affecting thought processes, movement, personality, or mood. Although treatments for symptoms are available, there is currently no cure for HD. This blood test involves determining the number of CAG repeats in the HD gene. An expanded number of CAG repeats cause most cases of HD. The certainty of a positive HD DNA test result exceeds 99%. The accuracy of a negative test result depends on the accuracy of the HD diagnosis in the family.							
•	Test results may reveal non-paternity or that other	family members may be affect	eted with, or at risk for developing, H	D.				
•	Employment and insurance discrimination are risks of DNA testing. This may involve cancellation of insurance and inability to obtain future insurance including: health, life, disability, or vehicular. Test results will be released only to the ordering health care provider. If insurance is billed for the test, they may require that results be released to them.							
•	<ol> <li>There are four possible test results:</li> <li>Negative: Both of the HD genes have normal numbers of CAG repeats (&lt;27). This individual is neither at risk for developing HD nor of passing it on to his/her offspring.</li> <li>Intermediate: The HD gene contains 27-35 repeats. This individual is not at risk for developing HD. Yet, he or she may have children with HD.</li> <li>Affected/ Reduced Penetrance: The HD gene contains 36-39 CAG repeats; therefore, this individual may or may not develop HD. He or she may have children with HD.</li> <li>Affected: The HD gene contains 40 or more CAG repeats; therefore, this individual will develop HD sometime in his/her life. Offspring of this individual have a 50% risk for developing HD. The age of symptom onset and how quickly the disease progresses cannot be precisely predicted. Neurological examination is needed to establish the onset of symptoms.</li> </ol>							
•	There are psychological risks associated with HD testing. A test result predicting an uncertain clinical outcome can be frustrating. A negative result can produce feelings of guilt as well as joy. A positive result could lead to serious psychological consequences including feelings of depression, futility, despair, and severe stress. Counseling should be provided before and after testing.							
•	The ordering health care provider must relay the test results in person and be available for follow-up genetic counseling, as necessary. Questions regarding result interpretation or medical management should be directed to the ordering health care provider.							
•	Consent may be given for allowing the sample to be used for test validation, education and stored indefinitely as long as patient privacy is maintained. Refusal to provide consent will not affect the test result. If a response is not checked, consent is implied.  I authorize consent for the use of the above named individual's sample for test validation and education. [ ] Yes [ ] No							
I ha	ient or Legal Guardian section: ve the legal authority to request ARUP Laboratories is/her legal guardian. I have been counseled regardi afully considered the psychological impact the results	ing the risks, benefits, and lim	itations of knowing the test results a	bove pand hav	atient e			
Pat Pri	ient/Legal Guardian nted Name:	Signature	Date					
				•				
Ordering Health Care Provider or Genetic Counselor: I have explained the above information to the patient or his legal guardian.								
Printed Name Signature Practice Specialty:								
	one Number ()							