

Physician's Identity:

**Informed consent form for participation of a MINOR individual
in a genetic research study and/or for DNA/RNA banking and/or for establishment and storage of a
lymphoblastoid cell line**

Informed consent form established in two copies, one of which is given to the participating individual

We, the undersigned

Living in

Father and/or mother or legal tutor of born on the :

accept that a blood collect is performed on our child, in order to proceed to a molecular genetic test; the latter could be useful for the diagnostic or treatment of the disease for ourselves and other members of my family, according to the recommendations of Dr.

In some cases, knowledge of my origins could be necessary to guide the genetic tests.

We authorize the collect

We do not authorize the collect.
(delete the declined proposition)

This study will be performed using the extracted DNA (and/or RNA) from the collected blood sample and/or from a lymphoblastoid cell line (established from the blood sample). DNA (and/or RNA) will thereafter be stored in the DNA bank of the Service de Génétique et d'Embryologie médicales - UF de Génétique Clinique et Moléculaire at Armand-Trousseau, Paris-France. Lymphoblastoid cell line, if any, will be stored at the Biobank of the Service de Biochimie (Banque de cellules) at Cochin Hospital, Paris-France.

In some cases, genetics studies may take several years. At any time, we can ask that hus/her DNA (and/or RNA, lymphoblastoid cell line) is given to us or is destroyed.

We declare having been given all pieces of information required to understand the nature of the studies to be done, as well as the possible consequence of the results for our child, us, and other family members.

The results will only be communicated to Dr.

We would like to get informed

We do not want to get informed
(delete the declined proposition)

We consent to the collect, the processing and treatment of the data contained in his/her medical record by people submitted to professional secrecy. The data concerning him/her will be kept under the strictest of privacy. We do not authorize people other than those who collaborate for this study to consult them.

According to the law, we can exert our right to have access to the data that concern our child via a clinician of our choice.

When our child reaches majority, or its capable of expressing his/her wishes, he/she will decide whether the present genetic study will go on, if necessary, and/or he/she wishes to known the results.

Use of his/her DNA/RNA/lymphoblastoid cell line for medical research purposes related to studies other than the one for which we consent today, will require a new informed consent from us.

Date :

Physician's signature :

Father's or legal tutor's signature :

Mother's signature :