Bumrungrad International HOSPITAL
โรงพยาบาลบำรุงราษฎร์

Consent for Genomic Medicine Testing

Name: .....

HN: ..... **Date**: .....

Birth Date: ..... **Age**: .....

Room: ..... **Sex**: .....

Physician: .....

Allergies: .....

(Hospital Copy)

Consent for Genomic Medicine Testing

I (Mr./Mrs./Ms.)……..…age……..years consent Bumrungrad Hospital Public Company Limited (the "Hospital") to do the genomic medicine testing which using molecular technology to determine disease risk, diagnosis and prognosis including consulting.

Test name:……

I am fully aware of the following conditions:

1. I understand that the Hospital requires my consent to comply with the Notification of the Ministry of Public Health Re: the Standard of Genomic Medicine Service of Medical Facilities, in order to do the genomic medicine testing.
2. I give my voluntary consent to the Hospital to collect, access and use my biospecimens/genetic data/genetic finding for the medical care, internal quality control and services provided by the physicians, nurses and responsible Hospital staff.
3. I acknowledge that genetic data for non-hereditary gene mutation in cancer will be stored 5 years and for hereditary gene mutation will be stored 20 years.
4. In some occasions, external laboratory facilities are needed, my specimens and/or genetic material will be processed and transferred to external laboratory for testing purpose only.
5. I understand that by giving this consent to genomic medicine testing, I might receive a result that is either definitive (positive or negative result) or uncertain (result cannot be concluded at the present time). Should my result turn out to be uncertain, I may have to be followed periodically into the future for the purpose of receiving a more definite test result.
6. I understand that by giving this consent to genomic medicine testing for the purpose of disease diagnosis and susceptibility testing, Bumrungrad hospital reserves the right not to have to inform my family and I regarding incorrect paternity discovered by the result of such genomic medicine testing.
7. I understand that by giving this consent to genomic medicine testing, medical and genetic information about health problems unrelated to what is intended to be tested for may be unintentionally discovered. Laboratory physicians and geneticists involving in my testing will disclose only such genetic information deem to be relevant and actionable to my health.
8. I understand that my biospecimens/genetic data/genetic finding may be collected, used, and disclosed by the Hospital and/or disclosed to third parties for academic and research purpose according to my consent that has been given to the Hospital in "the Consent for the Processing of Health Data and Biospecimens including Information Generated from the Biospecimens for the Research and Academic Purposes of Bumrungrad Hospital Public Company Limited'. I further understand that my biospecimens/genetic data/genetic finding and any relevant health or genetic data is collected, used, and disclosed for purpose of medical care and others that the Hospital has informed me.
9. I am responsible for the expenses related to this genomic medicine testing that might not be covered and/or refused by the third party payer(s).
10. I give my consent to the Hospital to disclose the genetic findings to the following individuals/authorities

    ☐ Consent to ……. ☐ Deny

    This consent is in effect until it is replaced with an updated signed consent in the future.

I have already received information about the genomic medicine testing including the purpose, method, and limitation. Here I have read and acknowledged the above message. I have been described and given the opportunity to ask any questions and receive appropriate counseling from physician and/or healthcare professional, and understand the potential consequences without any doubt.

Bumrungrad International HOSPITAL โรงพยาบาลบำรุงราษฎร์

Consent for *Genomic Medicine* Testing

Name: ....

HN: .... **Date**: ....

Birth Date: .... **Age**: ....

Room: .... **Sex**: ....

Physician: ....

Allergies: ....

(Hospital Copy)

<u>Status of Signer</u> *(According to Thai Civil and Commercial Code)*

☐ 1. Patient who is major and capable of giving consent

☐ 2. Legal husband or wife in case that the patient is not capable of giving consent (unconscious)

☐ 3. Holder of parental responsibility in case that the patient is minor (under 20 years old)

☐ 4. Curator in case that the patient is quasi incompetent person (adjudged by the court)

☐ 5. Guardian in case that the patient is incompetent person (adjudged by the court)

For no. 2-5, please obtain certified true copy of the patient's representative's identification card/passport/document issued by governmental authority, which religion and blood type information are covered.

Relationship with the patient ……………………………………………………………………………………………………..

Identification number of the patient's representative ……………………………………………………………………

Telephone number………...

Email………..

Signature……………………………………………………… Witness 1 ……………………………………………………

(……………………………………………………………………) (……………………………………………………………………)

Signature……………………………………………………… Witness 2 ……………………………………………………

(……………………………………………………………………) (……………………………………………………………………)

(Physician/Healthcare professional provides explanation) (Fingerprint/consent over telephone)

…………………………………… ……………………………………

Date Time

<u>Interpreter's Statement</u>

I have given a translation of Consent for Genomic Medicine Testing that the physician/healthcare professional has explained to patient/patient's representative.

Translate to Language ……………………………………… Interpreter ……………………………………………………

(……………………………………………………………………)

Bumrungrad International HOSPITAL
โรงพยาบาลบำรุงราษฎร์

Consent for Genomic Medicine Testing

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Consent for Genomic Medicine Testing

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Relationship with the patient ....

Identification number of the patient's representative ....

Telephone number..

Email...

Signature.. Witness 1 ....

(...) (...)

Signature.. Witness 2 ....

(...) (...)

(Physician/Healthcare professional provides explanation) (Fingerprint/consent over telephone)

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Date Time

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(...)