



Informed Consent and Authorization Form

for disclosure of Secondary Findings in Tumor analysis (2B)

Information (reminder)

For medical or scientific purposes, my healthcare provider offers me to perform a genetic analysis on my tumor. The purpose of this analysis was to evaluate genetic variations on the tumor that I presented, which can be useful for diagnostic or therapeutic procedure.

The result of the somatic analysis has been given to me and transmitted to my healthcare provider.

I have now the possibility to be informed of the potential secondary findings of this test, that can reveal that I have and/or my family members have a hereditary predisposition to cancer not directly related to the primary indication of testing but relevant and susceptible to preventive measures or care for me and / or other members of my family.

Secondary findings results disclosure

I, the undersigned, (*first and last name*)
date of birth/...../.....,

want to be informed of the possible secondary findings revealed by this analysis, that is to say a genetic result **not directly related** to the indication of the prescription but relevant to cancer preventive measures or care for me and my family.

don't want to be informed of the possible secondary findings revealed by this analysis.

I understand that my refusal to be informed of the result of secondary findings does not modify my healthcare for the disease.

I authorize, respecting medical confidentiality, the transmission of information from my medical record to my doctors.

I am aware that if the result of the somatic analysis suggests a genetic cancer predisposition, my physician will suggest that I undergo a constitutional test (blood sample most often) in order to confirm or to invalidate this hypothesis. This analysis would be subjected to specific consent form.

Disclosure to relatives

My results can impact on my health but also that of my family. It may reveal that I have and/or my family members have a hereditary predisposition to cancer and that we are at risk of developing a cancer linked to this genetic disorder. Therefore,

I will disclose the genetic information about myself to my family members who may be affected.

I don't want to disclose myself my genetic information to my family members. I authorize the prescribing physician to perform this information without mentioning my identity according to the regulation of my country.

When one of my relatives goes to consult, I authorize, in a confidential manner, the use of my results, including the secondary findings if I be aware of it, by the prescribing doctor for the benefit of the members of my family if these results appear medically useful for their care management.

Reassessment, storage and conservation

Knowledge in the field of genetics evolves continuously and the interpretation of the result can evolve over time. Therefore, the re-evaluation / re-analysis of the samples could reveal a new diagnosis.

I authorize, in respect of medical confidentiality, preserving a sample of biological material from my samples and its subsequent use for further investigation as part of the same diagnostic approach, depending on the evolution of knowledge.

I agree to be contacted if a secondary finding related to cancer predisposition is revealed, by re-analysis, with prevention measures, including genetic counseling or care, are available for me or my relatives.

Consent and data protection act

I understand that I have the right to change or withdraw, at any time, each of my consents, for the various items detailed above.

I consent, in keeping with medical confidentiality, the conservation of data useful for the management of the diagnostic procedure and my file in computer databases declared according to regulations and laws of my country.

	Date
Signature of the patient:	Signature and seal of the prescriber: