

**Physician's Identity:**

**Informed consent form for participation of a MAJOR 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

I, the undersigned .....

Living in ..... born on the : .....

accept that a blood collect is performed on me, in order to proceed to a molecular genetic test; the latter could be useful for the diagnostic or treatment of the disease ..... for me 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.

I authorize the collect

I 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 Biobank 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, I can ask that my DNA (and/or RNA, lymphoblastoid cell line) is given to me or is destroyed.

I 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 me, us, and other family members.

The results will only be communicated to Dr. ....

I would like to get informed

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

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

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

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

Date :

Physician's signature :

Participating individual's signature