



CONSENT FOR AN EXAMINATION OF GENETIC CHARACTERISTICS

I, the undersigned, Ms, Mrs, Mr.....
address.....
Father/mother of the child
acknowledge that I have been informed by Dr.....
on the nature of the genetic characteristics tests to be carried out on the DNA extracted from
blood and/or saliva samples to be taken from my child.

This analysis relates to the genetic diagnosis of.....
It is to be carried out in an accredited laboratory.

I hereby give my consent for these samples to be taken and I confirm that I have been given
the information as defined in Article R 145-15-4 of Decree No. 2000-570 dated 23 June 2000
in respect of the terms of Article 35 of Decree No. 95-1000 dated 6 September 1995 relating
to medical ethics.

Drawn up at.....
Dated.....
Signature of the patient,