

# Fragile X Syndrome Carrier Screening Consent Form

**Clinical Information** (Record by health care provider)

**Sample No.** \_\_\_\_\_

Medical Record No.		Collection Date (d/m/y)	/ /
Hospital/Clinic		Physician (Signature)	
Specimen Type	<input type="checkbox"/> Blood, 2 mL <input type="checkbox"/> Amniotic Fluid, 10 mL <input type="checkbox"/> Chorionic Villus Sampling (CVS) <input type="checkbox"/> Umbilical Cord Blood, 2 mL		

**Patient Information** (Completed by the patient)

Name		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
ID/Passport No.		Date of Birth (d/m/y)	/ /
Mobile Phone No.		Phone No.	
Address			
Pregnancy	<input type="checkbox"/> No <input type="checkbox"/> Yes, Estimated Date of Confinement (d/m/y):    / /		<input type="checkbox"/> Singleton <input type="checkbox"/> Multiple

**I, the undersigned, understand the Fragile X Syndrome (FXS) Carrier Screening serve as an identification of FXS Carrier. I hereby fully understand, agree and undertake the following:**

1. In rare cases, poor sample quality (for example, due to coagulation, hemolysis, or insufficient sample volume) will require a repeat sample to ensure the accuracy of the Test.
2. Research shows that using DNA fragment analysis by capillary electrophoresis to conduct this Test enables rapid carrier screening with 98% accuracy. However, rare types of mutations (less than 1% of mutations) such as more than 1,300 CGG repeats in the FMR1 gene, point mutations, and spontaneous mutation during fetal development, cannot be detected by this Test.
3. The accuracy of this Test is not affected by food intake, age, gestational age, parity, or multiple pregnancy.
4. I  agree /  do not agree to allow the remainder of my sample to be used for research purposes. (Lack of response indicates consent.)
5. According to my situation, the physician has answered all my questions and adequately explained to me (included but not restricted to the information about the necessary, process, potential risk and successful rate of this Test as well as the risk of other screening tests).
6. I fully understand the above terms, statements, and declarations, and I agree to have this Test performed at my own expense. I understand and accept that this Test may be the most appropriate choice at this time, but it cannot guarantee the prevention of the tested disorders.

\_\_\_\_\_  
**Signature, Date (dd/mm/yyyy)**