



## Department of Obstetrics and Gynaecology

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### CONSENT FORM

### 同意書

#### **Patient or Guardian**

病人或監護人

- \* I consent / do not consent to be tested for genetic test/tests which have been explained to me
- \* 本人同意 / 不同意進行已向本人解釋過的基因測試
- \* I consent / do not consent for materials from this sample to be stored / used anonymously for relevant research
- \* 本人同意 / 不同意從測試中抽取的樣本可被儲存或不具名地用作其他有關的研究

Signed 簽署 \_\_\_\_\_

Date 日期            /            /

\* *Please cross-out where applicable*

\* 請將不適用者刪去

#### **Doctor**

醫生

I have explained the purpose of obtaining a blood or tissue sample for genetic testing

本人已解釋收取血液或組織樣本作基因測試的目的

Signed 簽署 \_\_\_\_\_

Date 日期            /            /

This consent form is used with diagnostic testing. Please contact our Professor if you have queries about this consent or counselling issues.

此同意書與診斷測試一起使用。如有任何關於此同意書或診症方面的問題，請聯絡本系的教授。