INFORMED CONSENT FORM (1)

- 1- Blood collection procedures may be risky for soft tissue infections.
- 2- If a sufficient amount of blood cannot be drawn in the first attempt or if an error develops in the test procedures, the attempt may need to be repeated.
- 3- It may be difficult to understand the results of biochemical analysis, or the results obtained may not reflect the real situation in the person due to the error margin of a certain rate of the laboratory method.
- 4- The test is for the existing risk and only gives information about the risky disease. It does not give any information or ideas about other diseases.
- 5- In case of any pathology in the tests, a second blood sample may be required to confirm the result.
- 6- Results are usually received within 1 (one) week.

Name and signature

- 7- There is a possibility that each test will be false positive or negative. Not every test can give %100 accurate results. A negative test does not mean that you are completely healthy. It can be a silent carrier.
- 8- If only one of the couples is tested and the result shows that they are "carriers" in terms of hemoglobinopathy, it is obligatory to apply the test to the other couple.
- 9- The pathological results of the tests performed on both couples do not constitute a legal obstacle for couples to marry.
- 10- If couples who are carriers of hemoglobinopathy have children, the current probability of giving birth to %25 sick child, %50 carrier child and %25 healthy child is the risk ratio for each birth and it should not be forgotten that these risks can be repeated in every birth and they may have children with the same characteristics depending on the same risk in each birth.
- 11- It is recommended that all couples, especially carrier couples, benefit from prenatal diagnosis methods
- 12- If the test results are not received by the person who made the test, all responsibility belongs to the person her/himself.

You can get information by per and the parts you do not unders		nily Physician to clarify all your problems
	text above (read to me by) The
I consent for all the procedures.		
Date:/	Time:	
Family Physician's		Person to be Tested

Name and signature