Mahidol University
Faculty of Medicine Siriraj Hospital

Declaration of Intent for Retention of Specimens for Genetic Testing

This document constitutes official evidence of the declarant's intention to allow the retention of specimens for genetic testing and to consent to the collection and use of health information for medical purposes.

Faculty of Medicine Siriraj Hospital 2 Wanglang Road, Siriraj, Bangkok Noi, Bangkok, Thailand, 10700

I hereby confirm that I have read, understood, and fully acknowledged the details, contents, and implications of this declaration of intent.

Patient / Data Subject: Full Name .....HN.....Date of Birth..... Age.....years

Declarant on behalf of the Patient / Data Subject: Full Name .....Age.....years Relationship to the Patient.....

Declaration of Intent for the Retention of Specimens for Genetic Testing and the Use of Genetic Test Results for Treatment Planning

The undersigned has been informed of and understands the following information regarding genetic testing:

1. Purpose of genetic testing (The purpose of the genetic test has been explained to the patient by the treating physician.)
2. Limitations of genetic testing
3. The retention period of genetic specimens shall end upon completion of the laboratory procedures and documentation of diagnostic evidence in the patient's medical record.

Additional Declarations of Intent (Please mark √ in the appropriate box)

1. Reporting of incidental findings that may be identified through the physician-ordered genetic test and that may be of direct clinical benefit to the patient.	☐ Consent	☐ Do not consent
2. Use of de-identified genetic test data for the preparation of hospital-level medical reports, the advancement of medical science, and research approved by the Human Research Ethics Committee.	☐ Consent	☐ Do not consent
3. Retention and use of remaining genetic specimens from this test in a de-identified manner for the advancement of medical science and research approved by the Human Research Ethics Committee. The retention period shall end upon withdrawal of consent by the declarant.	☐ Consent	☐ Do not consent

Withdrawal of Consent:

Consent for the use of data or retention and use of remaining specimens may be withdrawn at any time by submitting a request to the Office of the Director, Siriraj Hospital. This document is prepared in duplicate. One copy shall be retained in the hospital system and one copy shall be provided to the patient or service recipient.

	Name (Block Letters)	Signature
Patient / Data Subject / Declarant		
Declarant on behalf of the Patient / Data Subject (In cases where the patient is unable to provide consent personally)		
Ordering Physician for Genetic Testing		
Hospital Staff (OPD / Ward).....		

Date ..... Month ..... Year .....