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Title: Exploration of Australian stakeholder views regarding the impact of Next Generation Sequencing on genetic counselling
PARTICIPANT CONSENT FORM

I, [INSERT NAME], agree to take part in this research study.

In giving my consent I state that:

- ✓ I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.
- ✓ I have read the Participant Information Statement and have been able to discuss my involvement in the study with the researchers if I wished to do so.
- ✓ The researchers have answered any questions that I had about the study and I am happy with the answers.
- ✓ I understand that being in this study is completely voluntary and I do not have to take part. My decision whether to be in the study will not affect my relationship with the researchers or anyone else at the University of Sydney, the Garvan Institute of Medical Research or the Kinghorn Centre for Clinical Genomics now or in the future.
- ✓ I understand that I can withdraw from the study at any time.
- ✓ I understand that I may stop the interview at any time if I do not wish to continue, and that unless I indicate otherwise any recordings will then be erased and the information provided will not be included in the study. I also understand that I may refuse to answer any questions I don't wish to answer. The information provided in the interviews will be audio-recorded, transcribed and then de-identified. It will not be possible to withdraw your responses after this as they will be anonymous and we will not be able to tell which one is yours.

- ✓ I understand that personal information about me that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.
- ✓ I understand that the results of this study may be published. Although every effort will be made to protect my identity, I may be identifiable in these publications due to the nature of the study or results.

I consent to:

- **Audio-recording** YES NO
- **Being contacted about future studies** YES NO

Would you like to receive feedback about the overall results of this study?

YES NO

If you answered **YES**, please indicate your preferred form of feedback and address:

Postal: _____

Email: _____

.....
PRINT name

.....
Signature

.....
Date

The best days & times to contact me are: _____

The best way to contact me is by:

- Telephone at home (Tel no: _____ Best times: _____)
- Telephone at work (Tel no: _____ Best times: _____)
- Mobile (Tel no: _____ Best times: _____)
- My email address is: _____

Genetic Counselling student Kirsten Boggs will contact you to discuss this study and answer any questions you might have. Please can you return this consent form to kbog3229@uni.sydney.edu.au