INFORMED CONSENT FORM FOR PARENTS

Newborn screening for Spinal Muscular Atrophy in Tuscany

With this statement, to be used as a Substitutive Declaration (Article 46 and 47 DPR of 18.12.2000, n. 445), I am/We are aware of the responsibilities and criminal punishments in case of counterfeit certificate and false statements, as required by Article 76 DPR 445/2000 and by the Italian criminal law

I, the undersigned (mother/legal guardian) _____

born on ___/___/_____resident in _____ address _____

Tel._____ domicile (if different from your permanent address)_____

and

I, the undersigned (father/legal guardian)_____

born on ___/___/_____resident in_____ address_____

Tel._____ domicile (if different from your permanent address)_____

of the newborn _____ born on ___/___/_____

or

☐ for the purpose of applying Article 317 of the Civil Code, in the present procedure, I, the undersigned, exclusively exercise parental responsibility, because the other parent is unable to sign the consent form, since he/she is absent due to impediment, distance, inability (please specify) ………………………………………………………

I/WE DECLARE that

1. I/We have been sufficiently informed about the Regional Programme of the Newborn screening for Spinal Muscular Atrophy (SMA) and I/We have read and understood the specific information about this disease, contained in the policy "Newborn Screening – A guide for parents", that was handed over to me/us;

2. I/We have had the opportunity to ask the medical staff questions concerning the genetic aspects of the disease and the types, the purpose and the procedures of the Newborn genetic screening test, and I/We have received complete answers;

I /We therefore DECLARE

according to the modalities of the Regional Programme, I/We give my/our consent to the execution of the Newborn genetic screening test for Spinal Muscular Atrophy

☐ **YES**   ☐ **NO**

Name and surname of the mother/legal guardian………………………………………………………………………………………………

Date …………………………… Signature……………………………………………………………………………………………….

Name and surname of the father/legal guardian…………………………………………………………………………………………………

Date …………………………………Signature……………………………………………………………………………………………….

The doctor who provided information and took the statement

Name and surname……..

The organizational structure of………………………………………………………………….the Hospital of…………………………………

Date………………………………… Time…………..

Signature……………………………………………………………………………………………….

The cultural mediator (if She/He has intervened)

Name and surname (in block letters) ……..

Date…………………………….Signature……………………………………………………………………………………………….