



GEN2
ACKNOWLEDGEMENT AND CONSENT FOR
CHROMOSOMAL ANALYSIS
CONDUCTED AS PART OF THE CLINICAL GENETICS TECHNOLOGY PROGRAM
AT THE BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY

Submit after receiving provisional acceptance to:

Admissions
SW1, Room 1331
3700 Willingdon Avenue,
Burnaby, BC V5G 3H2
Fax 604.431.6917

BACKGROUND

The normal chromosome number in human cells is 46. Analyzing human chromosomes for numerical and structural abnormalities is a critical entry level competency for Clinical Genetics technologists. As part of the didactic training at BCIT, each student will prepare and analyze chromosomes isolated from a sample of the student's own blood. This analysis is scheduled to be performed during Term 2 of the student's didactic training at BCIT.

PURPOSE

This diagnostic procedure is performed for educational purposes only and is not part of a research or clinical study. This diagnostic procedure will provide practice in the preparation of clinical-quality chromosomes, and in the analysis of chromosome number and structure.

PROCEDURES

A small sample of blood (less than 3 ml) will be drawn from each participating student. Peripheral lymphocytes from the blood sample will be cultured by the student according to the standard clinical procedures taught in the BCIT Clinical Genetics Technology program. Standard precautions will be in place at all times when working with human blood samples.

As part of the genetic analysis, the student will count the total number of chromosomes from cultured cells and assess each pair of chromosomes for structural and morphological integrity.

The blood sample will be stored in the Clinical Genetics Technology program laboratory and will not be shared with other laboratories. Once the analysis is complete, any remaining blood samples or cultured cells from the student will be discarded.

POTENTIAL RISKS AND DISCOMFORTS

The only physical risk present in this procedure involves drawing blood from a vein, usually from the arm. Bleeding (usually a very small amount) or infection, just like for any other small scratch, may occur.

While the majority of individuals have no detectable chromosomal abnormalities, there is a potential risk in chromosome analysis for uncovering and conveying unwanted information regarding previously unsuspected chromosomal irregularities. In the event of injury resulting from this procedure, neither the Clinical Genetics Technology program nor BCIT is able to offer financial compensation or to absorb the costs of medical treatment. For students with questions about the results from the analysis of their own chromosomes, the program will provide the student with contact information for genetic counselling that the student can pursue on their own time and at their own expense.

CONFIDENTIALITY OF RECORDS

Students who agree to donate their blood for chromosomal analysis will only analyze their own chromosomes; results of this analysis will only be shared between the student and the supervising instructor. Records of the completed analysis will be kept locked in the office of the program head. All student records will be shredded 13 months after graduation from the program.

STUDENT'S RIGHTS

The student's decision to donate blood and analyse their own chromosomes is strictly voluntary. Although the prospective student must submit this consent form once he/she has been provisionally accepted to the program, the decision to withhold consent will not adversely affect entry into the Clinical Genetics Technology program. Students that choose not to donate their own blood will be provided with blood samples from anonymous volunteers. These volunteers will not be other students. Students may choose to withdraw their consent to donate blood and participate in the analysis of their own chromosomes at any time, without penalty.

If you have any questions or desire further information about this chromosomal analysis exercise, please contact Fred Bauder (604.432.8296) at the Clinical Genetics Technology program before signing this form.

By signing this consent form and initialling each individual page, you indicate that

- you have read and understood this form
- you have had sufficient time to consider the information provided
- you have had the opportunity to ask questions and have had satisfactory responses to your questions
- you are prepared to indicate whether you are willing to participate in this exercise

Please indicate your choice, sign and initial each page of this form and return to BCIT Admissions

I choose to use my own blood for chromosomal analysis

or

I choose to perform chromosomal analysis on a blood sample from someone else. I understand that this will be a non-student sample and will be supplied to me by the Clinical Genetics Technology program.

Please keep a signed copy of this consent form for your own records.

Name	Signature
BCIT Student Number (if known)	Date