

INFORMED CONSENT

Genetic Laboratory Testing

Personal details
Surname: _____
Forenames: _____
Date of birth: _____
Place of birth: _____
Gender: _____

Material
EDTA blood: <input type="checkbox"/>
Hepar. blood: <input type="checkbox"/>
Other specimen: <input type="checkbox"/>
Quantity: _____
Date of extraction: _____

Referring Physician / Specialist	
Surname: _____	Hospital*: _____
Forenames: _____	Adress: _____
Telephone: _____	_____
E-Mail: _____	_____

* if applicable

<p>By signing this form I declare that I have received comprehensive information regarding the genetic background related to the disease/ disorder in question, as well as the possibilities and limitations of genetic laboratory studies.</p> <p>I hereby request genetic analysis and testing: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I hereby consent that results of the genetic analyses performed are being transmitted to the referring physician/ specialist, and in addition to the following physicians/ individuals:</p> <p>Surname: _____</p> <p>Forename: _____</p> <p>Hospital: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Surname: _____</p> <p>Forename: _____</p> <p>Hospital: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p>	<p>I would like to be informed about the results of the genetic analysis only insofar as practically relevant regarding the disease/ disorder in question. With regard to secondary findings I wish NOT to be informed. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I would like to be informed about secondary findings as far as there are practical consequences for my health and/ or treatment options respectively <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I consent to the storage of my sample for re-evaluation and quality management purposes as well as for further investigations - if necessary - and for scientific purposes in an encoded (pseudonymized) way. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I have been informed, and agree that my personal data and the data obtained in the analysis will be recorded, evaluated or stored in an encoded (pseudonymized) way in scientific databases, and that further - in accordance with data protection and medical confidentiality - the request, or parts of thereof, may be transmitted to a specialised cooperating laboratory.</p> <p>I have been informed, and agree to the electronic storage, processing, use, and transmission of all data collected by Praxis für Humangenetik Tübingen/ CeGaT. For more detailed information on data privacy as well as your rights please refer to www.cegat.de/en/privacy-policy.</p> <p>I have been informed that I have the right to withdraw this consent, or parts of thereof, at any stage without giving reasons. I have been informed that I also have the right, not to be informed about test results at all (right not to know). I am aware that I have the right to halt the processing of the samples, and even demand them being discarded, at any time including all the results obtained heretofore.</p>
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Patient/ Legal Guardian: _____
(Block letters)

Physician: _____
(Block letters)

Date Signature

Date Signature