

# INFORMED CONSENT

## Genetic Laboratory Testing

**Personal details**

Surname: \_\_\_\_\_  
Forenames: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Gender: \_\_\_\_\_

**Material**

EDTA blood:   
Hepar. blood:   
Other specimen:   
Quantity: \_\_\_\_\_  
Date of extraction: \_\_\_\_\_

**Referring Physician / Specialist**

Surname: \_\_\_\_\_ Hospital\*: \_\_\_\_\_  
Forenames: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

\* if applicable

**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.**

I hereby request genetic analysis and testing:  Yes  No

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:

Surname: \_\_\_\_\_  
Forename: \_\_\_\_\_  
Hospital: \_\_\_\_\_  
Address: \_\_\_\_\_

Surname: \_\_\_\_\_  
Forename: \_\_\_\_\_  
Hospital: \_\_\_\_\_  
Address: \_\_\_\_\_

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.  Yes  No

I would like to be informed about secondary findings as far as there are practical consequences for my health and/ or treatment options respectively  Yes  No

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.  Yes  No

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.

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](http://www.cegat.de/en/privacy-policy).

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.

Patient/ Legal Guardian: \_\_\_\_\_  
(Block letters)

Physician: \_\_\_\_\_  
(Block letters)

\_\_\_\_\_  
Date Signature

\_\_\_\_\_  
Date Signature