

# Informed consent for genetic testing

December	201	.5

Surname:	First name:

Date of birth:

I confirm that in the context of a genetic counselling session I've been informed about the different aspects of genetic testing as explained in the information sheet "Information for patients". I have understood the information and had sufficient time for decision making.

# I give my consent for the following genetic analysis/es:

		_ D prenatal	postnatal	predictive/pres	ymtomatic
For the following disorde	r:				
Based on the following bi	ological sample (e.g. blood, a	amniotic fluid, tissue	e sample):		
•	buld the analysis/es reveal r wish to be informed as follow		y related to the	testing requested	(so called
• Carrier of a disorder for	or which preventive and/or ther	apeutic measures a	are available	□ YES	□ NO
• Carrier of a disorder for	or which no preventive / therap	eutic measures are	e yet available	□ YES	□ NO
<ul> <li>Healthy carrier of a red other family members</li> </ul>	cessive disorder which could c	oncern the following	g generation or	□ YES	

other family members Other decisions

Should these questions remain unanswered it will be assumed that the patient does NOT want to be informed about incidental findings.

# Storage and use of the remaining biological material and data for further analyses.

- I agree that the remaining biological material and data will be stored for possible further analyses. My informed consent will be necessary should further analyses be requested. □ YES □ NO In case of a negative answer the remaining biological sample will be destroyed after the analysis!
- I agree that my biological sample and data are used anonymously for quality testing □ YES □ NO

# The use of your sample and data for research purposes.

Should you agree in principle to participate in research studies you could indicate this below. Should this be the case you would be contacted at a later stage with details concerning the research projects. A positive answer below is not yet consent for the participation in any actual research projects.

 In principle, I agree that my biological sample and data could be used for research purposes □ YES □ NO

Signature:	Place and date:	
(Patient or parent/legal guardian)		

# Medical counsellor:

I declare that I've informed the above mentioned person/s, according to the law on genetic testing on humans (GUMG), about the planned genetic tests and their limits as well as providing answers to the patient's questions.

\_\_\_ Name: \_\_\_\_\_ Surname: \_\_\_\_

Place and date: Stamp : Signature: \_\_\_\_