

Informed Consent for Genetic Testing

Family Name _____
First Name _____
Birth Date _____
Address _____

Internal Patient- or Drawing-
Number*:

*for internal use only

fill in clearly legible

Auftragsetikett

*for internal use only

«I hereby confirm, that I have been informed, and counseled and that I have had enough time for addressing questions and concerns from my side.

I therefore declare my informed consent, to allow the following genetic testing on sample material from my person.

Reason for genetic testing is (e.g. name of disease):

Sample material is: _____

Hereby, I declare and express my personal wish regarding handling of my sample material:

- Store my sample material. Other and/or future investigations beside those, described above, may only be performed on my personal and specific request and allowance. However, my sample-material may be used for scientific purpose after anonymisation.
- Store my sample material. Other and/or further investigations beside those, described above, may only be performed on my personal and specific request and allowance.
- After completion of genetic testing for reason as given above, the sample material must be discarded.
- other _____

Please cross what applies!

Signature _____
(parents, legal representative)

Place and Date _____



Referring Physician:

«I declare to have informed the above mentioned person in appropriate fashion about implications and limits of genetic testing. I have answered all questions of the above mentioned person. »

Name _____

Signature (mandatory) _____

Place and Date _____

Your indenter: