



Consent to genetic testing in accordance with the Genetic Diagnostics Act (GenDG)

In accordance with the Genetic Diagnostics Act (GenDG), the fully completed and signed form is required to carry out the genetic examination

Declaration of consent from the patient/legal representative is an absolute requirement.

Please send a copy along with the request form for the study

Patient data (sticker if applicable)		
name	first name	birth date
Street	Postcode	City

Please read this consent carefully and check the boxes / answers that apply to you:

I hereby confirm a general written (possibly also more specific written) information on genetic analyzes according to GenDG received, read and understood. With my signature, I give my consent to the genetic analyzes that are necessary for clarification of the disease/diagnosis in question. I also consent to the required gathering of sample material (e.g. blood, tissue). There was ample opportunity to discuss open questions. I do not need more time to think about it.

Please decide how your sample material and the testing results may be used:

I agree that (part of the) tests may be carried out in an external cooperation laboratory.	Yes <input type="radio"/>	No <input type="radio"/>
I agree that findings that are not directly related to the actual question ("additional findings") will only be communicated if it is necessary to fulfill the examination order.	Yes <input type="radio"/>	No <input type="radio"/>
The Genetic Diagnostics Act requires that excess sample material remaining after finishing of the investigation is disposed. However, with your consent, it may be retained:		
I agree to the storage of sample material for the purpose of verifiability of the collected findings and, possibly, for future diagnostic technologies.	Yes <input type="radio"/>	No <input type="radio"/>
I agree that excess sample material in pseudonymised (encrypted) manner is retained and used for quality assurance purposes.	Yes <input type="radio"/>	No <input type="radio"/>
If necessary, the results of the investigation can be used for advice and investigation of family members.	Yes <input type="radio"/>	No <input type="radio"/>
I agree that the results collected about the disease in question are used for scientific purposes and published in a pseudonymised manner in scientific journals.	Yes <input type="radio"/>	No <input type="radio"/>

An agreement that data may be forwarded to a medical clearing house for billing purposes is a precondition.

In accordance with the legal provisions, the results and documents collected will be kept in paper form and/or electronic form for 10 years.

Right of withdrawal:

You can withdraw your consent to the analysis in whole or in part at any time without giving reasons. You have the right not to know the results of investigations (right not to know), to stop at any time investigation procedures initiated up to the receiving of the results, and to destroy all investigation material as well as all the collected data.

Place and date

Signature of the patient/legal representative

counseling doctor