



Patient No.:

**Informed consent in pursuance of the
German Gendiagnostikgesetz (Genetic Testing Act)(delete as applicable)**

Patient, date of birth _____
Medical doctor in charge _____

In accordance with the Gendiagnostikgesetz, the purpose, the extent, the type, and the significance of the genetic investigation to be carried out has been explained to you.

1. The investigation is aimed at clarifying the following:

.....

.....

2. I have been instructed about the purpose, the extent, the type, and the significance of the genetic investigation (see above) by Ms/Mr/Dr, and I had sufficient opportunities to ask questions and enough time to decide for/against the analysis.

The analysis has the following consequences / the results might lead to the following options regarding treatment / prophylaxis:.....

.....

3. I have been informed about health-related risks, which may be caused by carrying out the test or by the knowledge of the result. The risks are:

4. After completion of the analysis, according to §950 BGB (German Civil Law Code) I convey the remaining sample to the laboratory carrying out the test

5. The test results may be filed longer than 10 years, in order to be at my family's disposal in future.

6. I am aware that my consent may be withdrawn at any time and without giving a reason.

7. I am aware that I am entitled to obtain professional genetic counselling independent of the test result(s).

8. The test result(s) will be disclosed by the laboratory only to the referring medical doctor, who will pass it to you. You have the right to abstain from knowing the result, if you wish. At any time you may declare that you do not want to know the test result. If you wish, the result will not be passed to you but to another person, e.g. a family member. In this case, please give specific instructions

I understand the explanations above and agree to the investigation.

Place, date, signature of the patient or of the legal representative