

To
 Institute of Human Genetics
 University of Goettingen
 Heinrich-Dueker-Weg 12
 37073 Goettingen
 Germany
 Fax: (+) 49-(+)551-39-9374

Doctor's personal seal

Written Consent of the Patient into a Genetic Analysis according to the German Act on Genetic Diagnosis (GenDG)

The **completed and signed written consent** of the patient or of the legal representative is an **absolute prerequisite for any genetic analysis** to be performed.

Patient Last name: First name: Date of birth:	Legal representative (optional)
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I confirm my agreement, that the samples can be collected and used for genetic analyses with respect to:

..... (Indication)

I confirm, that prospects and limitations of the requested genetic analyses have been explained to me in detail. An appropriate genetic counselling took place. The possible results of the genetic analyses have been discussed with me in all its supposable consequences.

All informations I have given as well as all results of the genetic analyses underlie medical professional discretion. My data will be saved and protected against unauthorized access.

Due to regulations of the German Act on Genetic Diagnosis (GenDG), samples have to be destroyed immediately following the genetic analyses. Nevertheless, the sample material may become important to you or to one of your relatives later. With your confirmed agreement (see below), we are allowed to store the sample material that you sent to us. Additionally, the storage of results and collected data for more than 10 years as well as forwarding the requested genetic analyses depends on your confirmed agreement.

Please, make a choice how your sample material and the results should be dealt with
 (Mark the appropriate box)

I confirm my agreement to disclosure of the results of the molecular analysis to me.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I want to be informed about possible additional results, as far as these results may be of relevance for me or for family members according to the current state of science and technique.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I confirm my agreement to the storage of my sample material for reasons of validation of results and quality assurance.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I confirm my agreement to the storage of my sample material for reasons of future diagnostic techniques.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If necessary, the results of the genetic analyses may be used for analysis and genetic counselling of family members.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I confirm my agreement, that sample material which is left over may be used for investigating the possible causes as well as to enhance treatment of genetic disorders. For these reasons, I give the material left over to the Institute of Human Genetics, University of Goettingen.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I confirm my agreement, that one of the persons responsible for the genetic analyses may contact me in the future if necessary.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I confirm my agreement to store the collected data and results for more than 10 years.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I confirm my agreement to forwarding the requested genetic analyses to a specialized laboratory if necessary.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I can withdraw this written consent as a whole or in part at any time. I had enough time for consideration. I can demand, that results will not be reported to me and/or that any data obtained until the timepoint of the withdrawal will be destructed. This is without any drawback for me.

Signature Patient or Legal Representative _____ Location, Date Patient / Legal Representative	Signature Physician _____ Location, Date Physician
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The laboratory is accredited according to DIN EN ISO 15189:2014 for medical laboratory diagnostics for Molecular Human Genetics and Cytogenetics.
 This form is available at www.humangenetik-umg.de/en/genetic-testing/forms-sample-submission/