



Informed consent to genetic testing according to the Genetic Diagnostics Act (GenDG)

Patient / Person being tested



Family name, first name

Date of birth

Address

I have been informed about the significance and consequences of the planned genetic analyses and I have had sufficient time for questions and reflection. I have received a patient information sheet (see QR code). I have no further questions. I am aware that I can revoke my consent at any time.

With my signature, I consent / confirm consent on behalf of my relatives / the person for whom I have custody, to the collection of the necessary blood / tissue samples and agree that the findings may be stored in the UKHD patient data system as an aid to diagnosis:

In the course of the planned examination(s), the analysis /analyses may reveal genetic alterations that are not directly related to the indication of the analysis. Such incidental findings may be medically relevant – or possibly become relevant later in life – however, receiving a genetic test result may also cause distress, be burdensome and / or have implications for your life and future.

yes

no

As a person capable of giving consent, I would like to be informed about incidental findings concerning myself / the person in my custody.

Specificities when performing genetic testing on children:

I would like to be informed about incidental findings that are of potential clinical significance for my child during childhood / adolescence.

yes

no

Incidental findings will always be reported - at the discretion of the competent physician - if withholding or failure to act upon them would result in harm to the child.

I would also like to be informed about incidental findings that will only be of clinical significance for my child during adulthood (adult-onset conditions)

yes

no

The GenDG stipulates that sample material should be destroyed when no longer required for the testing for which it was requested.

I consent to the storage of the sample material and its use for results verification, future genetic analyses of myself and within the context of my family and for quality assurance.

yes

no

Surplus material is an important source for quality assurance and for scientific purposes; it is kept encoded, which makes it impossible for unauthorized individuals to attribute the sample to you / your relatives / the person in your custody.

I consent to the use of remaining sample material to aid medical teaching and research.

yes

no

I allow that the medical and genetic data that has been collected from me / my relatives / the person for whom I have custody, may be used for scientific purposes in a (partially) coded form and under anonymized conditions be published in scientific journals.

yes

no

The GenDG stipulates that results of genetic analyses ought to be destroyed after 10 years. However, this data could become important for you / your child / the person in your custody and other family members in the future.

I agree to the storage of genetic data and analysis results beyond the legally defined period.

yes

no

Place, date

Signature of patient / person to be examined / legal representative

Name of Treating Physician

Signature of Treating Physician