

Consent to human genetic examination in accordance with the German Genetic Diagnostics Act (GenDG)

Dear patient,

Based on the results obtained from you and/or your relatives and/or your child, it is possible, in the opinion of your referring doctor, that you or your child have an alteration of the genetic material which either has already led to symptoms of illness or may possibly lead to an illness in the future. Many genetic alterations can be detected by examining a blood sample.

.....
Surname / First name of the patient

.....
Date of Birth

With your signature below, you confirm that

- you have been informed by your referring doctor about the significance and consequences of the examination.
- you have been given sufficient time to reflect before consenting to the examination.
- you consent to the necessary blood collection (or other material) and genetic analyses performed to clarify the (suspected) diagnosis stated below.

Requested genetic test (if applicable, gene(s) and indication/clinical data):

thrombophilia

haemophilia

miscarriage(s)

following analysis:

I consent to

- the storage of the examination results beyond the prescribed time period of 10 years. ([Storage of results after report generation according to GenDG §12](#))
- the forwarding of my sample material to a specialized medical cooperation laboratory as part of a subcontract.
- the storage of my sample material for the purpose of any necessary or requested verification of the result or any subsequent tests required for diagnosis. ([Usage and disposal of genetic samples according to GenDG §13](#))
- the pseudonymised use of my sample material for laboratory analytical quality control measures or scientific purposes. ([Usage and disposal of genetic samples according to GenDG §13](#))
- sending the written notification of the examination results to all doctors involved in the treatment.

We would like to point out that you can revoke this consent at any time. In this case, the examination will be cancelled and only the services rendered up to this point in time will be invoiced.

.....
Place, Date

.....
Signature of the patient or legal guardian

.....
Signature of the referring doctor