

Patient data

Informed consent for Genetic Analyses

After having received information regarding the significance, risks and limitations I hereby agree to the genetic analysis of the following clinical diagnosis or indication

Indication

on behalf of myself or the person in my legal custody.

According to German law the sample has to be discarded after completion of the final report. In order to allow re-examination, the samples will be stored for an adequate period of time and then disposed (= legal time-span). However, for some samples a longer term storage may be of relevance.

I consider the legal time-span of storage to be sufficient.

I wish my sample to be stored beyond the legal time-span (max. 10 years).

I allow my anonymised sample to be used for re-search and quality control purposes.

I allow my sample to be exclusively used for the above mentioned course of analysis.

According to German law the results of the analysis have to be destroyed after 10 years of storage (= legal time-span). However, the results may be important for human genetic counseling of children or other relatives of the patient after this period of time.

I wish the results to be stored beyond the legal time-span.

I consider the legal time-span of storage to be sufficient.

Using molecular genetic or molecular cytogenetic screening tests incidental findings not related to the primary clinical indication may be revealed.

I want to be informed about clinically relevant incidental findings.

I refrain from being informed about diagnostically relevant incidental findings.

I have the right to withdraw this consent at any time by contacting the referring physician. I have the right of refusal to receive the results after the completion of the analysis. If requested, the results of the analysis can be transmitted per email or fax. I am aware that this mode of transmission may be insecure.

Date, place

Signature of the patient or guardian

Signature and stamp of the referring physician