Family name, First name

_____

Date of birth _____

Address _____

_____

Country _____

LABOR 28 BERLIN

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Medizinisches Versorgungszentrum

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Informed written consent for genetic testing in accordance with the Genetic Diagnostics Act (GenDG) - Prerequisite for performing the investigation

I confirm that I have been informed about the following genetic investigation according to the requirements of the German Genetic Diagnostics Act (GenDG)

planned for myself/ my child/ person under my legal care (please underline) ……

by my physician ……

More specifically I have been informed about the purpose, nature, extent, relevance, significance and potential consequences of the requested genetic investigation, attainable test results, associated benefits and health risks, the intended use of the genetic sample and the test report, as well as about my right to revoke my consent and my right not to want to be informed about the result of the investigation.
I hereby confirm that

1. I have been granted sufficient reflection time prior to my decision to consent to the above-mentioned investigation,
2. I agree to the necessary collection of the test sample (sampling),
3. I agree to the notification of the result of the investigation to my treating physician,
4. I can revoke the consent and can order the abort of the investigation at any time, while only the services provided by then will be charged for.

In addition, I declare my consent (please delete as appropriate)

- ○ to forwarding the sample(s) for analysis to a specialised referral medical laboratory
- ○ to the storage of the sample material after completion of the analysis, so that further genetic diagnostic or verification testing can be performed, if needed. Furthermore, this enables the laboratory to use the specimen in anonymised form for scientific purposes or for analytical quality assurance measures, as prescribed by law.
- ○ to the storage of the obtained test results for a period of up to 30 years beyond the legally defined 10-year period so that they can be available to my family for future use even after my death as well as be used anonymously for scientific purposes during this period.
- ○ to the communication of the test results not only to my treating physician, but also to attending physicians of the medical practice/ institution or their representatives.

Content of the informed consent discussion

Place, date	Signature Patient (legal personal representative acting on behalf of a minor or of the individual under his or her care)
Place, date	Signature Physician