



For more information regarding aim and interpretation of genetic analyses, please see our patient information sheet!

Informed consent for genetic testing (according to GenDG)	
<p>Dear patient, In order to evaluate or clarify the diagnosis specified below, it is considered to perform molecular genetic testing on you / your child. According to the German Genetic Diagnosis Act (GenDG) prior to any genetic analysis detailed medical information is required. Generally, written informed consent has to be obtained from every patient. For your information please read the following and mark the appropriate answers.</p> <p>Please read the following carefully and confirm your consent by signing below:</p>	<p>Name:</p> <p>Date of birth:</p> <p>Address:</p> <p>.....</p>
<p>My physician has informed me about the significance and consequences of the genetic examination mentioned below and has given me adequate time to think my decision over. I understand that I can withdraw my consent at any time.</p> <p>With my signature I consent to the genetic tests for me / my child and the sampling of blood or tissue necessary to clarify the specified diagnosis:</p> <p>.....</p>	
<p>In the context of chromosome microarray testing, next generation sequencing gene panel testing or exome sequencing, genetic variants may be detected that are not related to the primary indication for testing, but which may be relevant and medically actionable for other disorders.</p> <p>These are considered "secondary findings" (see the explanations in our patient information sheet). I would like to be informed about secondary findings.</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>I consent to the data / results collected about the disease in question being used in encrypted form for scientific purposes and published anonymously in specialist journals.</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>According to the German Genetic Diagnosis Act (GenDG) any sample material must be destroyed after completion of the genetic test. Only with your expressed consent, it may be stored longer. Surplus sample material may be required to verify some results (follow-up testing), as well as for necessary quality controls.</p> <p>I consent to my sample being stored for follow-up testing, for future new diagnostic possibilities with regard to the above mentioned medical question / problem, and for quality controls.</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>Surplus material may be an important source for further research and development in the field of medical genetic diagnostics. However, before such use, samples will be anonymised and coded in a way which makes it impossible for any other party to track the sample back to an individual.</p> <p>I consent to my coded sample being stored and used in future research.</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>According to the German Genetic Diagnosis Act (GenDG) any family data on you / your child and any genetic data must be destroyed after 10 years. However, these results may later on become important for your children or grandchildren.</p> <p>I consent to my family data / test results / data of my child being stored beyond this period foreseen by law to enable future testing or counseling of my family members.</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>.....</p> <p>Date, Place</p>	<p>.....</p> <p>Signature of the patient / of the legal representative</p>