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Die Labordiagnostik des Instituts für Humangenetik ist akkreditiert nach DIN EN ISO 15189:2014

DAkkS Deutsche Akkreditierungsstelle D-ML-13294-03-00

Informed Consent to Perform Genetic Testing

I was informed about the aims, comprehensiveness, implications, and consequences of the genetic testing that is planned for me, as well as about my legal rights by [please print]:

_____
(Mrs./Mr. Dr. [MD])

A reasonable time for my consideration was provided.
I agree that sample material (e.g. blood) will be taken from
❑ me ❑ my child ❑ my ward, the person for whom I am guardian:

_____
(Name)
and I want the following genetic test(s)

_____
eg. chromosome analysis, molecular tests of the gene(s) *ATXN1*, *HD*, other

used for diagnosis of the following disease(s)

_____
e.g. Dysmorphic syndrome, Spinocerebellar Ataxia, Huntington Disease, other

The results of the investigations should be reported to the above-mentioned physician, and to the attention of:
(Mrs./Mr.) _____

(Address) _____

I want to be informed about the results: ❑ Yes ❑ No
I can request the cancellation of the whole investigation or parts of it and/or its results at any stage and time.

Unused material for the investigation
❑ may be used in an anonymous way as a laboratory quality control sample or for scientific purposes.
❑ should be stored for 10 years (further genetic testing requires a new request for investigation and again my permission)
❑ should be destroyed after completing the tests
If nothing is declared here the material must be destroyed after completing the test.

I have the right to abrogate this consent any time in a written or oral way, without any disadvantages to me or members of my family.

Location, date _____

Patient, legal representative _____
(Please print: last name, first name, DOB, gender (M/F): Signature

Signature of the responsible doctor: _____

The German law (**Gendiagnostikgesetz – GenDG**) defines under which circumstances genetic testing of a human individual is legal. *Diagnostic* testing can only be conducted with the patient's informed consent which requires documented consultation with a doctor. *Predictive* testing requires genetic counselling by a human genetics specialist prior to and after the investigation, or the patient's written renunciation.
Allocation
Original: patient's records in the responsible doctor's office
Copy: Please send with request and probe material to the investigating laboratory