





Please send a copy of this document with official request for Klinik für Kinder- und Jugendmedizin investigation and probe material back to:

## Prof. Dr. Georgia Lahr UNIVERSITY MEDICAL CENTER ULM

Diagnostic Laboratories

Department of Pediatrics and Adolescent Medicine

## **Molecular Diagnostics Laboratory**

Eythstrasse 24 D-89075 Ulm Germany

Ärztlicher Direktor: Prof. Dr. K.-M. Debatin

Diagnostische Laboratorien der Universitätsklinik für

Kinder- und Jugendmedizin

Molekulardiagnostisches Labor

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www.uniklinik-ulm.de/struktur/kliniken/kinder-und-jugendmedizin.html



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 (eg. blood) will be taken from
me my child my ward, the person for whom I am guardian:
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:
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.

original patient's records in the responsible doctor's office; copy: please send with request and probe material to the investigating laboratory; copy: to patient itself