

Personal details

Surname	First name	Date of birth

Indication for testing

The reason for the testing (indication) is described on the enclosed order form

(if not applicable, please strike through and note below the reason for the testing).

Incidental findings

The generation of results not related to the test order (so-called incidental information) is avoided where possible. Should the analysis nevertheless provide incidental information, I would like to be informed of it as follows:

- Predisposition to diseases for which preventive measures / treatments are known yes no
- Predisposition to diseases for which there are currently no preventive measures / treatments yes no
- Carrier status for recessive diseases that could occur in offspring or other family members yes no

If you do not answer these questions, we will assume that you DO NOT wish to be informed about any incidental information.

Sample material and results

The test results, associated raw data and remaining material for our patients is stored for any follow-up testing/checks. Future tests will only be carried out with the patient's renewed consent.

I would like my remaining material to be destroyed once the analysis has been completed. I acknowledge that follow-up examinations will therefore no longer be possible (re-sampling, a test order, analysis and payment will be necessary if further testing is required).

yes no

Quality assurance

I consent to my sample and my test results being used in anonymised form for quality control

yes no

I have been informed about the various aspects of the genetic testing methods as part of a genetic consultation. I had the necessary time to reflect, understood what was told to me and gave my consent for the analysis / analyses to be carried out.

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Place, date

Signature of patient / parent / legal representative

I confirm that I have informed the above-mentioned person about the said genetic analysis / analyses, including its / their limitations, in accordance with the applicable Genetic Diagnostics Act (GUMG) and that I have answered the questions put to me.

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Place, date

Signature and stamp of the doctor