MVZ Labor Volkmann
KARLSRUHE

result number
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DECLARATION OF CONSENT

For human genetic analyses according to German Genetic Diagnostics Act (GenDG)

Patient: _____ Date of birth: _____

Postal address: _____

I hereby declare my consent for

☐ a molecular genetic / molecular cytogenetic / cytogenetic analysis to clarify the diagnosis of

_____

☐ a predictive (presymptomatic) genetic analysis to clarify the carrier status with regard to

_____ (disease, syndrome)

☐ for myself
☐ for my son / daughter

_____ Date of birth: _____

I have been informed about the disease or the possible hereditary disposition, respectively. I have been informed about nature, significance and consequences of the genetic analysis. I have had sufficient time for consideration.

I would like to be informed about the results of the genetic analysis only insofar as it is relevant for the above mentioned question for me and my family. I do not want to be informed about incidental findings.

☐ yes ☐ no

I would also ask to be notified about all incidental findings with consequences for me.

☐ yes ☐ no

I have been informed that I may cancel my declaration of consent at any time without giving reasons, that I may refrain from getting knowledge of the results of the analysis (right to nescience) and that I may stop the analysis at any time. I also have been informed that I have the right to demand that the material examined as well as all results obtained until then will be destroyed.

I agree that the results of the analysis are also sent to other doctors / persons.

☐ yes ☐ no

Name/s: _____

I agree that remaining genetic material (DNA) will be conserved for the purpose of verifiability of the results and for future new diagnostic possibilities for the above mentioned question.

☐ yes ☐ no

I agree that remaining genetic material (DNA) in an encrypted (pseudonymised) form may be used for the purpose of quality assurance (as control / reference material in our own laboratory, laboratory comparisons).

☐ yes ☐ no

I agree that the test results and medical reports will be kept beyond the period of 10 years required by law.

☐ yes ☐ no

_____ _____
Place, date Signature patient / parent / legal guardian

_____ _____
Place, date Signature medical practitioner

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