



## Gemeinschaftspraxis

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## Gemeinschaftspraxis

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### **Patient information prior to genetic analyses according to article 9 of the German Genetic Diagnostic Law (§ 9 Gendiagnostikgesetz, GenDG)**

I, \_\_\_\_\_ (name, first name),  
born on \_\_\_\_\_ have been informed about the following genetic analysis:

\_\_\_\_\_.

The attending doctor has sufficiently informed me about the scope, significance and consequences of the above-named analysis. The purpose, type, scope and validity of the above-named genetic analysis have been explained to me and I understand them.

I have been informed about possible health risks that can arise in connection with knowing the test results as well as about risks that can arise in connection with obtaining the sample.

I have been informed that my sample may only be used for diagnostic purposes in the course of the above-named analysis.

I know that I can withdraw my consent for the above-named analysis at any time in writing or verbally.

I know that I have the right not to know about my test results and that they must be destroyed at my request.

\_\_\_\_\_ (place, date)

\_\_\_\_\_ (signature of the patient)

\_\_\_\_\_ (signature of the doctor)