



Gemeinschaftspraxis

Dr. E. Çetin Dr. A. Scharf Dr. B. Schulze-König Dr. A. Kassing
Ultraschall-Degum II · Fetale Echokardiographie
3D/4D-Sonographie

Gemeinschaftspraxis

Dr. U. Peters Dr. S. Kleier Dr. A. Preuße
Humangenetik · Genetische Labore

Information in connection with prenatal 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:

- | | |
|---|--|
| <input type="checkbox"/> fetal chromosomal analysis testing | <input type="checkbox"/> alpha-fetoprotein and, if necessary, ACHE |
| <input type="checkbox"/> additional diagnostics _____. | |

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 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)