AOK	LKK	BKK	IKK	VdAK	AEV	Knapps.

Name, Vorname des Versicherten

geb. am

Kassen-Nr.	Versicherten-Nr.	Status

Vertragsarzt-Nr.	VK gültig bis	Datum

GEMEINSCHAFTSPRAXIS
FÜR HUMANGENETIK & GENETISCHE LABORE
DRES. PETERS | KLEIER | PREUSSE

Genetische Beratung und Humangenetische Labore
im Pränatalzentrum Hamburg und Humangenetik
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☐ male ☐ female
☐ diagnostic ☐ predictive ☐ prenatal[1]

[1]The risks, particularly those associated with prenatal invasive examinations, will be explained when the patient is informed about the procedure.

Declaration of Consent for Genetic Diagnosis according to § 8 + 9 of the German Genetic Diagnostics Act (GenDG)

I,_____ (surname, first name), born on _____, after sufficient time for consideration, agree to the following genetic analysis: - _____.

The attending doctor has sufficiently informed me about the scope, significance and consequences of the above-named analysis, in compliance with GenDG. I have been informed about possible health risks associated with knowledge of the test results and with obtaining the sample.

I have been informed that the sample is only used for diagnostic purposes to clarify the disease/dysfunction/suspected diagnosis above.

I am aware that any data that may be generated using the 'Next Generation Sequencing' analysis method will only be kept for up to one year.

I know that I can withdraw my consent for the above-named analysis at any time in writing or verbally and that I may choose not to be informed about the test results (right not to know) and that these results must be destroyed at my request at any time.

I consent to the release of the results of the test to the following persons:

- my partner: .....
- my gynaecologist: .....
- my family doctor: .....
- prenatal diagnostician: .....
- the following other persons: .....

I consent to the sample being stored longer than the statutory limit for the purpose of verifying the results and, if necessary, carrying out tests at a later time on myself or my family. □ **Yes** □ **No**

I consent to anonymised samples being stored for the purpose of carrying out laboratory quality controls/scientific research. □ **Yes** □ **No**

I agree that the results of the analysis may be stored for a longer period than the statutory period of 10 years, yet not claiming storage of results. □ **Yes** □ **No**

I consent to the test results being stored longer than the statutory limit for the purpose of carrying out follow-up tests on my family. □ **Yes** □ **No**

If necessary, the results may be used for counselling/testing my relatives. □ **Yes** □ **No**

_____	_____	_____
Place, Date	Patient's / legal Representative's signature	Responsible physician's Signature