OK	LKK	BKK	IKK	VdAK	AEV	Knapps.

Last name, first name of the insured person

Date of birth

Health insurer no.	Insured party no.	Status

Affiliated physician no.	Insurance valid until	Date

JOINT PRACTICE
FOR HUMAN GENETICS & GENETIC LABORATORIES
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☐ male ☐ female ☐ diagnostic ☐ predictive

Information and consent for genetic diagnostics according to Sections 8 and 9 of the Genetic Diagnostics Act (Gendiagnostikgesetz, GenDG)

I have been informed in detail by my attending physician about the scope and significance of the planned examination specified below. I have been informed about possible health risks associated with the knowledge of the test result and risks that may be associated with the collection of the sample..

Requested examination .....

☐ for myself ☐ for my own child ☐ for a person under my legal care

I have been informed that my sample may be used only for diagnostic purposes for the above-mentioned examination.

I understand that I will be informed about findings which, according to current knowledge, can be regarded as the cause of my disease.

I am aware that in some cases no clear answer can be given with regard to a genetic diagnosis.

I have been informed about this and agree that the data collected in the analysis will be recorded and evaluated in compliance with data protection and medical confidentiality provisions.

I am aware that any data generated by the "Next Generation Sequencing" analysis procedure will be stored only for up to one year.

I am aware that I can revoke my consent in writing or verbally at any time and that I have a right not to know the results of my examination and that these must be destroyed at my request.

I agree that the results of the examination may be forwarded to the following persons:

My partner: .....

My gynaecologist: .....

My general practitioner: .....

My oncologist: .....

Other specified person: .....

One of the examiners may contact me at the following number: .....

I agree with (no selection will be understood as a “no”):

the **forwarding of the examination request** to a specialised cooperation laboratory, if this is necessary for the analysis. ☐ **yes** ☐ **no**

the **storage of the test results** beyond the prescribed period of 10 years. ☐ **yes** ☐ **no**

the **storage of examination material** in anonymised form for new diagnostic opportunities and for quality assurance purposes. ☐ **yes** ☐ **no**

the **storage of anonymised examination material/results** for scientific purposes. ☐ **yes** ☐ **no**

the **use of the examination results** for counselling and examination of my relatives. ☐ **yes** ☐ **no**

Information on secondary findings: In the process of answering the present clinical question, in rare cases medical findings may be obtained in the course of genetic diagnostics which are not related to the above-mentioned clinical question, but which, according to the current state of knowledge (based on the recommendations of the American College of Medical Genetics and Genomics, ACMG), have a treatment consequence for me or my family. There is no entitlement to a complete analysis of these additional findings or future updates. If no additional findings are obtained, this does not mean that the corresponding risks have been ruled out.

I wish to be informed about these secondary findings. ☐ **yes** ☐ **no**

Note: Secondary findings are collected only for the variants detected in the index. In the case of family analyses, the examination results of unaffected persons are used only to assess variants of the index patient. Secondary findings in the course of prenatal analyses are not collected..

I would like a copy of this information sheet ☐ **yes** ☐ **no**

....

Name of the patient/legal representative (PRINTED) Name of the doctor conducting the information discussion (PRINTED)

....

Place, date, signature of patient/legal representative Signature of the doctor conducting the information discussion