
	FB-MO-043/C	Seite 1 von 1
Datum: 25.01.2024	Laborärzte Sindelfingen	Version: C
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<h2 style="margin: 0;">Declaration of consent</h2> <p style="margin: 0;"><i>for human genetic examination according to the German Genetic Diagnosis Act</i></p> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> Patient Last name, First name Date of birth </div> <p>Genetic testing for:</p> <hr style="border-top: 1px dotted black;"/> <p>I have been fully informed according to the requirements of the German Genetic Diagnosis Act and I give my consent to the above mentioned genetic examination(s) and the required sample collection. I agree with the forwarding of examination requests to cooperating medical laboratories as required. I give permission for the obtained examination results also to be forwarded to:</p> <hr/> <p>My examination results don't need to be destroyed after the legal retention period of 10 years has expired. I agree with the storage and use of remaining sample material for the purpose of revision of the results obtained, quality assurance (in pseudonymized form) or further examination requests. <i>(Please delete as applicable)</i></p> <p>I am aware that I can revoke my consent completely or partially at any time and stop the examination until disclosure of the results. Furthermore I can decide on if and to which extent the examination results are to be disclosed or destroyed.</p> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> Place, date Signature of Patient or Guardian </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> Place, date Signature of the responsible medical person </div>		
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