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Akkreditiert nach DIN EN ISO 15189

Declaration of consent

for human genetic examination according to the German Genetic Diagnosis Act

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Patient Last name, First name Date of birth

Genetic testing for:

……

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:

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, the quality assurance, for scientific purposes (in anonymized form) or further examination requests. *(Please delete as applicable)*

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.

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Place, date Signature of Patient or Guardian

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Place, date Signature of the responsible medical person