Consent for genetic testing

My doctor has informed me about the following diagnosis / disorder / syndrome:

[ ] ...

I have been informed that I can withdraw my consent at any time without giving reason and without incurring any penalty. I have further been informed that I have the right not to know about my genetic test results and to terminate the testing procedure at any time. I can request my genetic material and/or the genetic material of my child and my genetic results and reports and/or the genetic results and reports of my child to be destroyed before result reporting, if I have changed my mind.

With my signature I consent to the genetic test(s) indicated above and the sampling of blood or tissue for this purpose.

I consent to storage of my genetic results and/or the results of my child beyond the legal time span and its use for my family only.

I consent to storage and subsequent use of my genetic material and/or the genetic material of my child to be stored and used for internal quality control in the laboratory. Before such use, my sample and/or the sample of my child will be anonymised.

Internal quality control is an important tool to guarantee the accuracy and reliability of genetic testing methods. For this purpose, genetic material from patients with rare genetic variants is an indispensable control material.

The German gene testing act requires genetic results to be stored for 10 years and then destroyed. With patient’s consent they may be stored for longer. Often, genetic results are required for counselling of children and relatives even after 10 years’ time. I consent to storage of my genetic results and/or the results of my child beyond the legal time-span and its use for my family only.

As required the results may be used for the counselling / analysis of my relatives.

I consent to storage and use of my genetic material and/or the genetic material of my child to be stored and used for potential disease studies in the laboratory. I consent to be re-contacted before such use.

Genetic material from patients is also important for studying biological mechanisms which contribute to the development of hereditary diseases.

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As required the results may be used for the counselling / analysis of my relatives.

Genetic data will be deposited in a database at the Institut für Humangenetik. Selected data will be anonymised and only used for the purpose of quality control and data comparison.

I agree with the collection, processing and storage of personal data in electronic and paper form appropriate the assignment of the German GenDG and the EU-DSGVO. Further information according EU-DSGVO:

https://www.biozentrum.uni-wuerzburg.de/humangenetik/patientenversorgung/datenschutz/

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With my signature I consent to the genetic test(s) indicated above and the sampling of blood or tissue for this purpose.

______________________________ __________________________
Signature of the patient or his/her legal representative

______________________________                 __________________________________________________
City, date

The German gene testing act (GenDG) requires written informed consent to be obtained from every patient prior to genetic testing. Please read the following carefully, make sure all your questions were answered and tick boxes as appropriate. Not ticked boxes will be valued as "NO".

Source: https://www.biozentrum.uni-wuerzburg.de/humangenetik/patientenversorgung/forms-en/