

DECLARATION OF CONSENT FOR GENETIC EXAMINATIONS

Personal data

Family name: _____ First name: _____

Date of birth: _____

I confirm that I have been informed about the various aspects of genetic testing during a genetic counselling session and that I have been given sufficient time to ask questions and to think about the matter.

I give my consent for the following analysis(es) to be carried out:

_____ prenatal postnatal predictive/pre-symptomatic

For the following **disease**: _____

From the following **sample** (e. g. blood, amniotic fluid, tissue): _____

If the analysis(es) yield(s) results that are not related to the ordered test («incidental findings»), I wish to be informed about these results as follows:

- Predisposition towards diseases for which prevention and/or treatment are known. YES NO
- Carrier status for recessive diseases that could occur in offspring or relatives. YES NO

Storage and use of the surplus test material and the test results (raw data) for supplementary tests:

- I consent to the surplus test material and the raw data being kept for any follow-up tests (e. g. verifiability of the results, further analyses that might be important for me and/or for my family). My consent is required for future tests. YES NO
- I consent to the potential analysis of my sample and analysis results being used in an anonymised form for quality assurance. YES NO

Quality assurance by means of interdisciplinary case discussion and possible forwarding of patient and case data to an accredited partner laboratory for further tests:

- I agree to my information being discussed in an interdisciplinary board for quality assurance purposes. All cases are discussed anonymously. YES NO
- I agree to my patient and case data being forwarded to an external partner laboratory if this is necessary for the test(s) and the corresponding test(s) cannot be provided by Hirslanden Precise. YES NO

Your sample and the data collected can also be used for scientific purposes.

If you agree in principle to participate in a scientific study (data will be anonymised), you can indicate this here. We will then contact you for more detailed information if necessary. This basic expression of interest does not constitute consent to participate in a specific scientific study.

- I agree in principle to my test material and the data collected being used in anonymised form for scientific purposes. YES NO

I confirm with my signature that I wish the proposed medical-genetic laboratory test(s) to be carried out:

- Only if it is mandatory or if a cost approval has been granted. YES NO
- Even in the absence of confirmation of cost coverage (I will bear the costs myself if necessary) YES NO

Signature: _____ Place and date: _____
(Parents/legal representative where necessary)

This section is to be completed by the advising doctor.

I confirm that I have informed the above-mentioned person(s) about the above-mentioned genetic analysis(es), including its/their limitations, in accordance with the applicable Federal Act on Human Genetic Testing (HGTA) and that I have answered the questions put to me.

Family name: _____ First name: _____

Signature: _____ Place and date: _____

Stamp: