

## Consent form for human genetic diagnostics

### Patient

Surname, Name: \_\_\_\_\_

Place and Date of birth: \_\_\_\_\_, \_\_\_\_\_

Problem or genetic analysis:

\_\_\_\_\_

I hereby agree that samples are taken and a human genetic procedure is carried out regarding the abovementioned problem or genetic analysis. I have been informed about the kind, meaning and possible consequences of the analysis. The procedure, which will be carried out, will focus on the abovementioned problem and shall not be used for receiving information on possible other diseases or dispositions. I am aware that I can revoke this consent form and my agreement regarding the information about the result. I hereby

- agree,  
 disagree,

that possible rests of the samples can be kept for confirming and validating the lab results until revoked.

\_\_\_\_\_, \_\_\_\_\_  
Place Date Signature of the patient or the legal representative(s)

\_\_\_\_\_  
Name of treating physician (in block letters)

stamp of the medical practice