UNIKLINIK RWTH AACHEN

Institute for Human Genetics and Genomic Medicine

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Patient Data Electronic Ticket	Medical Doctor Hospital

Order for Genetic Analysis / Consent to Genetic Testing

Patient Information:

First name: _____ Last name: _____

DOB: _____ ☐ female ☐ male

Ethnic origin: _____

Pregnant: ☐ yes* ☐ no
Relatives affected: ☐ yes ☐ no

Genetic reports available (patient): yes ☐ no ☐
Genetic reports available (relatives): yes ☐ no ☐
Parental consanguinity: yes ☐ no ☐

Responsible medical person: _____

Name (printed letters) Phone Fax

Material: Sampling date: _____, Time: _____, in case of pregnancy: _____ gestational week*

☐ EDTA-blood ☐ DNA ☐ other material: _____

DNA analysis: 5-10 ml EDTA-blood, normal mail delivery without cooling, in case of newborns or small infants please send at least 1 ml EDTA blood.

Reason for referral: _____

☐ affected individual ☐ predictive (carrier status, only after genetic counselling) ☐ prenatal

Billing issues:

☐ Public health insurance (Laborüberweisungsschein 10 in Germany or E112- / S2-Form in Europe)
☐ Private bill to patient
☐ Private bill to sender

Consent to Genetic Testing according to the GenDG

Prior to any diagnostic genetic testing, the **German Genetic Diagnosis Act, GenDG, (*Gendiagnostikgesetz*)** requires detailed information of the proband and/or its legal custodian on the intended genetic analysis and the potential implications of its results for the tested individual and its relatives as well as a written consent. Furthermore, genetic counseling has to be offered to any individual requesting prenatal diagnosis or predictive testing.
(Please read this form carefully and please cross out any phrases with which you disagree.)
With my signature I confirm consent with the intended genetic analysis.

I have understood the intended genetic analysis under the GenDG. I have had sufficient opportunity to discuss any of my questions in this regard and about these procedures with the medical person advising me. I allow the necessary blood or tissue samples for this genetic testing to be taken.

The GenDG regulates that any material for genetic testing (DNA/blood or tissue sample) has to be destroyed after the analysis. Since it is useful to store material that has not been used for various reasons, I agree with the storage of the sample(s). I herewith donate surplus material to the laboratory which performed the analysis to be used for quality control and scientific purposes in a coded form (pseudonymized) and under strictly anonymized conditions.

The GenDG regulates that medical results/findings have to be destroyed 10 years after the analysis. This would mean that relevant information is not available thereafter. I agree that the results obtained in the analysis will be stored electronically and in paper copy beyond the legally defined period of 10 years, so that they will be available for any future questions potentially relevant for me and my family members. I also allow the compiled data/results to be used for scientific purposes in a coded form (pseudonymized) and under strictly anonymized conditions to be published in scientific journals.

I agree that incidental findings that occur unrelated to the disease in question and may be generated by some genetic technologies are not communicated to me unless they bear immediate and severe consequences for medical care and prevention or for the genetic risk situation of relatives.

I am aware that I can withdraw my consent with this intended genetic testing at any time in parts or entirely without having to state any reason and without incurring disadvantages to myself. I can order termination of the ongoing genetic analysis of my sample(s) at any time prior to the reporting date of the test results.

_____ Date

X _____ Patient or its legal custodian

X _____ Medical person responsible