

AOK	LKK	BKK	IKK	VdAK	AEV	Knappschaft
Name, Vorname des Versicherten						geb. am
Kassen-Nr.		Versicherten-Nr.		Status		
Vertragsarzt-Nr.		VK gültig bis		Datum		

Declaration of consent for genetic testing

(pursuant to German Gen DG, prerequisite for conduction of examination)

Patient's phone number: _____

I request my/ my child's blood/ tissue sample to be tested for genetic alterations with respect to the following aspects:

- Or one of the following examination to be carried out:
- prenatal risk calculation for aneuploidies (first trimester screening/PIGF)
- chromosomal analysis based on amniotic fluid/chorionic villi/cord blood)

I was informed about and I am aware of the purpose, kind, extent and validity of the requested genetic analysis. Furthermore, potential consequences which may arise from the results of the test for myself or my child have been discussed appropriately.

In case of prenatal analysis, I was informed about my right to request psychosocial counselling and support as provided in the German Schwangerschafts-Konfliktgesetz.

If the proposed analysis cannot be carried out in the MVZ Nürnberg/ Bayreuth, I agree the samples to be send out to cooperating laboratories, so that the test will be performed by proxy.

All specifications provided by myself as well as all examination results are subject to medical confidentiality and will not be passed onto third parties without my written consent. I may revoke this consent without explanation and claim elimination of the samples any time. I had sufficient opportunity for asking questions.

I was informed about the fact that the German Gendiagnostikgesetz (GenDG) stipulates elimination of the sample after establishment of the diagnostic finding. Documentation shall be eliminated after 10 years according to current German law. My material and data will be handled accordingly in case no further specifications have been made.

Optionally: In contrast to the GenDG, I request that excess material derived from me/ my child

Yes No

- shall be preserved for contingent further analyses which might become indicated
- shall be preserved and used in anonymous form for quality management purposes in the examining laboratory
- shall be preserved and used in anonymous form for scientific purposes
- I wish to be informed about so called "incidental findings" of medical relevance.

Preservation will be done in accordance with the requirements of the responsible laboratory or according to technical feasibilities and material stability. I do not have claim on preservation.

Optionally:

Yes No

- In addition to the report sent to my physician, results shall be forwarded to the following physicians:

surname, first name, location

surname, first name, location

Declaration of consent for the purpose-associated use of personal data according to the EU General Data Protection Regulation (EU-DSGVO):

According to EU-DSGVO we have to inform you for which purposes we collect, safe and transmit personal data. You will find the respective information on our homepage www.praenatal.com. This information will notify you, that the patients' data are being given to us and potentially to external quality approved laboratories and institutes with special expertise for the requested medical purpose in order to fulfil the requested patient care.

I can revoke this consent at any time in whole or in part without giving reasons. Also I can request the destruction of the samples. I can also decide at any time that the test results will not be communicated or will be destroyed.

responsible medical person: _____
name, date and signature

patient / patient's custodian(s), if applicable: _____
place, date and signature

name, first name and date of birth of custodian(s) for minor(s), if applicable: _____