

Health insurance scheme/funding institution		
Name/first name of insured individual		Date of birth
Insurer No.	Insured individual No.	Status
Site No.	Doctor No.	Date
Sex:	F <input type="checkbox"/>	M <input type="checkbox"/>
Test material:		

Declaration of Informed Consent to a genetic test in accordance with the Gene Diagnostics Law from 01.02.2010 (required for the performance of the test)



Affix barcode label here

Doctor's stamp and signature

Declaration of Informed Consent

With my signature I declare that I was briefed on _____._____ by

_____ (physician)

about the nature, importance and implications of the genetic test and that I give my consent to the following genetic analyses and to the collection of the blood and tissue samples needed for this purpose:

I consent to the storage, in accordance with legal requirements, of the recorded data in paper and/or electronic form and to their use and/or publication in pseudoanonymized form for scientific purposes or for quality assurance.

I agree that, contrary to legal requirements, my test results will not be destroyed after 10 years (to allow my family access to them in the event of my death).

I consent to the results of the tests being made available to the following persons in addition to the doctor who submitted them:

I hereby agree to the transfer, in accordance with § 950 BGBI, of any test material remaining at the end of the analysis to the laboratory that carried out the analysis and I consent to its use for scientific purposes in pseudoanonymized form.

I consent to the communication of my data to a medical billing clearing house for invoicing purposes.

I am aware that I may withdraw this consent at any time, verbally or in writing, without giving reasons and without this having any adverse consequences for me.

- Please delete as appropriate -

Place, date: _____

Name of patient/legal representative: _____

Signature of patient/legal representative: _____