Health insurance fund(s) or funding institution(s)		
Last name, first name of insured person		Date of birth
Heath insurance fund ID	Insured person's ID	Status
Business establishment ID	Physician's ID	Date

Patient's gender:
☐ male ☐ female ☐ unspecified

Ethnic origin .....

Informed consent to human genetic testing in accordance with the German Genetic Diagnostics Act (Gendiagnostikgesetz, GenDG)

Stamp

Please complete the entire form!

Request genetic test (incl. genes/medical indication optional):

.....
.....

☐ diagnostic
☐ predictive / asymtomatic
☐ prenatal[1]

[1]The risks, particularly those associated with prenatal invasive examinations, will be explained when the patient is informed about the procedure.

My attending physician informed me about the above test and its implications and I understand the information provided. I was given sufficient time for consideration and give my consent to the genetic test.	☐ Yes	☐ No
I understand that I may revoke this consent at any time vis-á-vis my attending physician, in writing or orally, with effect for the future; he/she will document any oral revocation without undue delay. He/she will also transmit proof of such revocation to said laboratory without delay.	☐ Yes	☐ No
I consent to the requested test being subcontracted to a specialized medical cooperating laboratory, if necessary, and the results being communicated for medical assessment.	☐ Yes	☐ No
I wish to be informed about the results of the genetic tests. I have been informed about my right not to know.	☐ Yes	☐ No
I wish to be informed about any additional and incidental findings should they be relevant to my personal health and the health of my biological relatives.	☐ Yes	☐ No
I consent to the test results also being sent to the following physicians/individuals (names & addresses):	☐ Yes	☐ No
I consent to the results obtained being stored beyond the statutory period of 10 years; I however understand that I have no entitlement in this respect.	☐ Yes	☐ No
I consent to the data collected and the results found with regard to the disorder in question being documented in encrypted form for quality assurance purposes.	☐ Yes	☐ No
I consent to my genetic sample (DNA) not being destroyed without undue delay as stipulated by law, but being archived for future genetic testing. Once these tests are complete, I transfer ownership of the remaining genetic material, in anonymized form, to the laboratory carrying out the tests for quality assurance an research purposes.	☐ Yes	☐ No

Place, date

Patient's signature or signature of all legal representatives

Signature of the responsible physician in accordance with the German Genetic Diagnostics Act

Physician's name in block letters