

Patient Name: _____
Date of Birth: _____
Gender: _____
Address: _____
Insurance: _____

Genetic Test Informed Consent

I confirm that in the context of a genetic counselling session I have been informed about the different aspects of genetic testing as explained in the information sheet "Information for Patients". I have understood the information and had sufficient time for decision making.

1. I give my consent to perform the following genetic analysis/es:

2. For the following disorder/es:

3. A copy of the genetic test results should be sent to:

4. I want to perform this test even if my insurance denied the payment (max. CHF _____)

Yes No

5. I would like to be informed about the results of the genetic clarification regarding the above question

Yes No

6. The following question should not be answered if a single mutation will be tested.

I have been informed that incidental findings can occur. This are **results not related to the test requested above.**

I want to be informed about incidental findings as follows:

If I am carrier of a disorder for which preventive and/or therapeutic measures are available

Yes No

If I am carrier of a disorder for which preventive and/or therapeutic measures are **not** available

Yes No

If I am a healthy carrier of a recessive disorder

Yes No

I don't want to be informed about incidental findings

7. I give my consent to

Store my sample for future test (on my interest and with my request)

Yes No

Use my sample for quality control

Yes No

Use my sample and data for research questions (including any subsequent publication of anonymised data in scientific journals)

Yes No

Signature: _____
(Patient or parent/legal guardian)

Place and date: _____

Medical Counsellor:

I declare that I have informed the above mentioned person according to the law on genetic testing on humans (GUMG) about the planned genetic tests and their limits as well as providing answers to the patient questions.

Signature: _____
(Name and Stamp of Physician)

Place and date: _____