Patient Informed Consent for a Gen Diagnostic (§8 The German Gen Diagnostic Law)

Patient

Name: _____

First Name: _____

Date of Birth: _____

Gen Diagnostic

My doctor has explained the significance of the genetic analysis to me, especially the purpose, scope and implications of the DNA testing	( ) yes ( ) no
I consent to the extraction of the necessary samples (in this case, blood) for the analysis	( ) yes ( ) no
I have had enough time to review the request before giving my consent. I know I am entitled to revoke my consent at any time	( ) yes ( ) no
I also agree that any stored blood sample may be retained for possible retesting at a later time, if my doctor wants additional data or for scientific purposes such as method development, until this consent is revoked	( ) yes ( ) no
If necessary, my blood may be transferred to another specialized medical laboratory	( ) yes ( ) no
The results of my blood test may be retained for 10 years or longer than the legal requirements	( ) yes ( ) no
I agree that the results may be further given to another treating physician	( ) yes ( ) no

_____ _____ _____

Place **Date** **Signature**

or

_____

Confirmation of the physician that an explanation has been made and a signed patient informed consent exists