

Patient data / label

Name / First name

Birthdate ☐ male ☐ female ☐ diverse

Residential address

Zip code, city, country

 **Universitätsklinikum Leipzig**
Medizin ist unsere Berufung.

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Declaration of consent for genetic testing in accordance with the German Genetic Diagnostics Act (GenDG) and the EU General Data Protection Regulation (DS-GVO)

Indication or requested analysis (mandatory information):

I was informed about the purpose, type, scope and significance as well as the health risks of the examination in accordance with the German Genetic Diagnostics Act before the sample was taken. I was informed that the samples or the collected data can be sent to third parties as part of the contingency plan or in case diagnostics are not offered. Furthermore, data may be transmitted to the respective health insurance company for the purpose of billing the diagnostics. I have received the form "**Information of genetic analysis according to GenDG**".

I agree to the sample collection and the performance of the above-mentioned analysis(es).

I have been informed of my right not to know and of the possibility to withdraw my consent, either partially or entirely.

I further agree with:

the **storage of sample material** e.g. for supplementary examinations. ☐ yes ☐ no

the **storage of test results** beyond the regulatory period of 10 years. ☐ yes ☐ no

being **informed of the test results** of the genetic analyses. ☐ yes ☐ no

the use of my **test results for the consultation and examination of family members** at their request, even after my death. ☐ yes ☐ no

the **storage of my genetic test results** in the relevant patient management system for use by my attending physicians. ☐ yes ☐ no

the storage and comprehensive use of **pseudonymized test material and/or results for scientific purposes** in the form of cumulative publications on case series within the legal framework and for **quality assurance**. ☐ yes ☐ no

the **future contact** by employees of human genetics for clinical or scientific purposes, such as a re-analysis of previous genetic results. ☐ yes ☐ no

In rare cases, non-intended findings may be obtained that are not related to the investigation request. According to the current state of knowledge and the recommendation of the ACMG (American College of Medical Genetics and Genomics), we report disease-causing and probably disease-causing variants in approx. 60 genes for tumor, connective tissue and heart diseases, as well as malignant hyperthermia and lipometabolic disorders, for which treatment consequences exist (e.g. possibilities of therapy, prevention, early detection, etc.) at your request.

I would like to be informed about these findings. ☐ yes ☐ no

In **urgent, medically necessary cases**, we can also forward the findings to other persons or institutions. Please enter the data of the additional recipient of the findings below:

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The complete name and address information is mandatory for the notification!

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City & Date Signature of patient (or legal representative) Name & Signature of the informing physician