

Patient data / label

Name / First name

_____ male female

Birthday

Residential address

Zip code, city, country



Universitätsklinikum Leipzig
Medizin ist unsere Berufung.

University of Leipzig Medical Center, Institute of Human Genetics,
MedVZ at the University of Leipzig Medical Center II
Department of Human Genetics,
Philipp-Rosenthal-Str. 55, D-04103 Leipzig, Germany

MedVZ at the University of Leipzig Medical Center II
Department of Human Genetics
Phone: +49341 / 9723800
<http://www.medvz-leipzig.de/>

Institute of Human Genetics
Director: Prof. Dr. med. J. Lemke
Phone: +49341 / 9723800
<http://humangenetik.uniklinikum-leipzig.de/>

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 § 8 paragraph 2 of 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 about the possibility of revoking my consent to the analysis.

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

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 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 (additional findings). 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 have been clarified about my "right not to know".

I would like to be informed about additional 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:

.....

.....

.....

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

.....
City & Date Signature of patient (or legal representative) Name & Signature of the informing physician (§ 8 GenDG)