Insurance company

Last name, first name of insured person

Date of birth

Insurance provider ID	Insured person's ID	Status

Practice ID	Physician ID	Date

Biological gender:

☐ male ☐ female ☐ unspecified

Ethnic origin: _____

Consent to Genetic Testing in Accordance with the German Genetic Diagnostics Act (GenDG)

Physician/Address/Stamp

ⓘ Please fill out this form completly!

Indication / Requested Genetic Analyses:

..... ☐ diagnostic

..... ☐ predictive / asymtomatic

..... ☐ prenatal

I have been informed about the purpose, scope and implications of the genetic testing. I understand that analysis and interpretation will focus on genetic variants directly related to the clinical phenotype. I have had sufficient time to consider my decision and consent to blood and/or tissue sampling and the requested genetic analyses. The testing request may be forwarded to a specialized collaborating laboratory if necessary. I have been informed of my right not to know and of my right to withdraw this consent, in whole or in part, at any time.

I additionally consent to:

Disclosure of the genetic test results.	☐ Yes ☐ No
Storage of biological specimens for additional testing.	☐ Yes ☐ No
Use of my results for the genetic counselling and testing of family members upon request, including after my death.	☐ Yes ☐ No
Retention of genetic test results beyond the statutory ten-year retention period.	☐ Yes ☐ No
Storage and unrestricted use of pseudonymized biological specimens and/or genetic findings for scientific research and quality assurance.	☐ Yes ☐ No
Disclosure of incidental (secondary) findings unrelated to the testing indication but relevant to my health or that of my relatives/descendants. Such findings may also reveal biological relationships that are not routinely disclosed.	☐ Yes ☐ No

For predictive genetic testing, I, the treating physician, confirm that I possess the qualifications required under the German Genetic Diagnostics Act (GenDG).

For further information:
MVZ Labor Dr. Reising-Ackermann und Kollegen
Department of Human Genetics, Tel. +49 341 99398491
Cytogenetics Laboratory, Tel. +49 375 281126
Molecular Genetics Laboratory, Tel. +49 341 6565795

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

Location, Date

Patient's signature or signature of all legal representatives

Physician's name in block capitals