



Health insurance company or cost unit		
Surname, first name of the insured person		
		Date of birth
No. Health insurance comp.	Insurance-no.	Status
Site no.	Physician no.	Date

Gender: female male

Sample material: _____

Physician stamp and signature

Barcode

Declaration of consent for genetic testing in accordance with the Gene Diagnostics Act (GenDG)

I confirm that I have been informed by _____ with regard to the genetic diagnostic test(s) performed on me/the person represented by me _____ described in more detail below according to the German Genetic Diagnostics Act (Gendiagnostikgesetz)

Exact description of examinations / indications / questions / suspected diagnosis, if applicable

about the purpose, nature, extent, significance and consequences of the requested genetic test(s), the results that can be obtained, the health risks and the intended use of the genetic sample and the test results.

In addition, I confirm that

- (1) I have been given sufficient time for consideration before giving consent.
- (2) I consent to the test(s) above and the required collection of the genetic sample.

I confirm that I have been informed and I am aware that I can exercise my comprehensive right not to know and that I can also revoke my consent at any time verbally or in writing to the informing physician(s) (responsible medical person), in which case the test will be discontinued and only the service provided up to that point will be billed.

Furthermore, I consent to (Not filling in corresponds to a „no“):

- the storage of the genetic sample after completion of the genetic test(s) so that the laboratory can use it, if necessary, in anonymized form for quality assurance measures and scientific purposes (e.g. statistical evaluations). yes no
 - the storage of the test results beyond the mandatory period of 10 years, so that they can be used by the laboratory in coded form for quality assurance measures and scientific purposes even after this period. yes no
 - the notification of any incidental findings. In the course of genetic analyses, information may be obtained that is not directly related to the requested test, but may nevertheless be of medical significance to me or my family (as recommended by the American College of Medical Genetics and Genomics, ACMG, Miller DT et al., 2022: PMID: 35802134; DOI: 10.1016/j.jim.2022.04.006). yes no
- There is no entitlement to notification of all incidental findings or to future updating of such findings. In the case of minors, there will be no notification of incidental findings for diseases that occur in adulthood. The complete gene list of the ACMG may only be requested by genetic counsellors or physicians with the additional qualification in medical genetics.
- the communication of the test results to other attending physicians in the practice/facility or substituting physicians, if my informing physician is not available. yes no
 - the forwarding of the test request(s) to specialized cooperating laboratories if necessary. In this case, the test results are reported to the laboratory commissioned by me, which is responsible for the further transmission of the results. yes no

Place, date Signature patient or representative

Place, date Signature physician