

## Informed Consent for Genetic Testing

Director:  
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Concerning

Myself

My child \_\_\_\_\_ born \_\_\_\_\_  female  male

I agree that genetic tests in blood/amniotic fluid/tissue etc. may be carried out for clarification or confirmation of the diagnosis specified below. I have been given appropriate explanations about the planned tests and I understand their extent and limitations. If a test cannot be performed in our laboratory I agree that the sample may be forwarded to another diagnostic laboratory in Austria or abroad\*.

**Diagnosis:** \_\_\_\_\_

**Requested test:** \_\_\_\_\_

\_\_\_\_\_  Molecular genetics  Gene panel  
 Chromosome analysis/FISH  DNA Array  Exome, Genome (if agreed with us)  
Sample material and info sheets: see [www.humgen.at](http://www.humgen.at) – Formulare und Dokumente

**Analysis type:**

Diagnostic  Predictive (presymptomatic)  
 Prenatal diagnosis  As part of family studies

**Info sheets given to patient:**  DNA Array  Panel diagnostics  \_\_\_\_\_

My personal and disease-related data will be electronically stored and managed. For molecular genetic analyses, novel methods (massive parallel sequencing) may be used that may technically include gene sequences without relevance for the present indication. Data without concrete clinical link will not be analysed as part of the diagnostic process but may be used in anonymized form (without personal data) for quality control and research purposes. I agree with this\*.

Unless other instructions have been given, **samples are stored after completion of the analyses**. This avoids the need to take new samples for additional investigations that may become indicated in the future. Surplus material may be used in anonymized form (without personal data) for quality control purposes, method development, and research. I agree with this\*.

I agree that the results of the genetic investigation will be

- reported to my doctor(s) and possibly other persons named by me;
- documented in doctors' letters and patient histories within legal regulations.

I am aware that I can withdraw my consent for any aspect at any stage.

Counselled/informed by:

\_\_\_\_\_  
Doctor (capital letters please)

\_\_\_\_\_  
Signature (doctor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family name + first name of patient (parent, custodian)

\_\_\_\_\_  
Signature (patient)

\*please delete as appropriate. §69 of the Austrian Genetic Technology Law (Gentechnikgesetz) stipulates that a genetic test may only be carried out with written informed consent after adequate genetic counselling.