Informed consent

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Schweizerische Gesellschaft für Medizinische Genetik

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Physician's Code

Phone

Telefax

Last name																			
First name																			
Date of birth			.	.														M ☐ F ☐	
c/o parents																			
Address																			
ZIP code, town																			
Phone																			
Patient number																			
Date of collection			.	.					Time				:						

0016 ☒ Informed consent for genetic testing

Surname: _____ First name: _____ Date of birth: _____

I confirm that in the context of a genetic counselling session, I have been informed about the different aspects of genetic testing as explained in the information sheet „Information for patients". I understand the information and have had sufficient time for decision making.

I give my consent for the following genetic analysis/es:

_____ ☐ prenatal ☐ postnatal ☐ predictive/presymptomatic

For the following disorder: _____

Based on the following biological sample (e.g. blood, amniotic fluid, tissue sample): _____

I wish to be tested:

- even if the service is not part of mandatory reimbursement or an insurance coverage confirmation is not available **02211** ☐ YES ☐ NO
  (I will bear the costs of CHF _____ if necessary.)
- only if the service is part of mandatory reimbursement or if an insurance coverage confirmation is available **02212** ☐ YES ☐ NO

02213 Test/s to begin: ☐ 1 - immediately ☐ 2 - upon receipt of insurance cover. confirmation ☐ 3 - upon renewal of order
(Material to be preserved, cost: CHF 61)

Incidental findings: Should the analysis/es reveal results not directly related to the testing requested (so called "incidental findings"), I wish to be informed as follow:

- Carrier of a disorder for which preventive and/or therapeutic measures are available **01131** ☐ YES ☐ NO
- Carrier of a disorder for which no preventive / therapeutic measures are yet available **01132** ☐ YES ☐ NO
- Healthy carrier of a recessive disorder which could concern the following generation or other family members **01133** ☐ YES ☐ NO
  Should these questions remain unanswered it will be assumed that the patient does NOT want to be informed about incidental findings.

Storage and use of the remaining biological material and (raw) data for further analyses:

- I agree that the remaining biological material and data will be stored for possible further analyses. **01135** ☐ YES ☐ NO
  In case your answer is NO, the remaining biological sample will be destroyed after the analysis!
- I agree that my biological sample and my data can be used anonymously for quality testing. **01136** ☐ YES ☐ NO

The use of your sample and data for research purposes:
Should you agree in principle to participate in research studies you could indicate this below. Should this be the case, then we would contact you at a later stage with details concerning the research projects. A positive answer below does **not yet constitute consent** for the participation in any actual research projects.

- In principle, I agree that my biological sample and data could be used for research purposes. **01137** ☐ YES ☐ NO

Signature: _____ Place and date: _____
(Patient or parent/legal guardian)

Medical counsellor:
I declare that I have informed the abovementioned person/s, according to the law on genetic testing on humans (GUMG), about the planned genetic tests and their limits and that I have provided answers to the patient's questions.

Stamp and signature: _____ Place and date: _____

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