Krankenkasse bzw. Kostenträger		
Name, Vorname des Versicherten		geb. am
Kostenträgerkennung	Versicherten-Nr.	Status
Betriebsstätten-Nr.	Arzt-Nr.	Datum

ZOTZ | KLIMAS

MVZ Düsseldorf-Centrum GbR

Immermannstr. 65 A
40210 Düsseldorf

Tel.: 0211 27 101 0
E-Mail: genetik@zotzklimas.de

www.zotzklimas.de

Declaration of consent for genetic laboratory testing (§8 Genetic Diagnostics Act (Gendiagnostikgesetz))

Indication / requested genetic laboratory testing:

Prior to the sample collection, I was informed about the purpose, nature, scope, significance, and health risks of the diagnostic procedure in accordance with Section 8 (2) of the German Genetic Diagnosis Act. I agree that the test request and my personal data may be forwarded to a cooperating specialized medical laboratory.
I agree that all data collected may be stored, processed, and used electronically by MVZ Düsseldorf-Centrum GbR in compliance with data protection and medical confidentiality regulations.
I have had sufficient time to consider the requested test(s) and agree to the necessary collection of test material and the above-mentioned test(s). A copy of the declaration of consent can be provided upon request.

I consent to the storage of sample material -for supplementary testing or for later verification. -in pseudonymized form for scientific purposes (e.g., method development, case publications) and for quality assurance within the legal framework.	☐ yes ☐ yes	☐ no ☐ no
I consent to the storage of the test results beyond the legally prescribed period of 10 years.	☐ yes	☐ no
I consent to the use of my results for the counseling and examination of family members* at their request, even after my death. *If this applies only to individual family members, please list their names here: _____	☐ yes	☐ no
In rare cases, the testing procedures used here may reveal genetic information that is not related to the test request (incidental findings). The reporting of such findings is limited to pathogenic (disease-causing) changes in selected genes with medical relevance for you and/or your relatives (based on the most recent guidelines of the American College of Medical Genetics and Genomics (ACMG)). There is no entitlement to a complete analysis of these genes or a future update. The absence of evidence of incidental findings does not mean that corresponding risks can be ruled out with certainty. I would like to be informed about such incidental findings.	☐ yes	☐ no

I am aware that I may withdraw my consent at any time by written statement and thereby refuse the transmission of results. This will go into effect immediately upon receipt of the written statement.

Place	Date	Signature (patient/legal guardian)	Signature (physician)